```
 * * * * * * * * * * * * * STN Columbus * * * * * * * * * * * * * * *
=> file biosis,caba,caplus,embase,japio,lifesci,medline,scisearch,uspatfull
=> s sbo and bacter?
L1         97 SBO AND BACTER?
=> dup rem l1
PROCESSING COMPLETED FOR L1
L2         64 DUP REM L1 (33 DUPLICATES REMOVED)
=> s l2 and overgrow?
L3          1 L2 AND OVERGROW?
=> d
 L3  ANSWER 1 OF 1  USPATFULL on STN
AN    2002:329455  USPATFULL
TI    Prebiotic and probiotic compositions and methods for their use in
      gut-based therapies
IN    Ranganathan, Natarajan, Broomall, PA, UNITED STATES
      Dickstein, Jack, Huntingdon Valley, PA, UNITED STATES
      Mehta, Raj, King of Prussia, PA, UNITED STATES
PI    US 2002187134     A1  20021212
AI    US 2001-855346    A1  20010515 (9)
DT    Utility
FS    APPLICATION
LN.CNT 928
INCL  INCLM: 424/093.450
      INCLS: 514/054.000
NCL   NCLM:  424/093.450
      NCLS:  514/054.000
IC    [7]
      ICM: A61K045-00
      ICS: A61K031-715
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
=> d l2 1-
YOU HAVE REQUESTED DATA FROM 64 ANSWERS - CONTINUE? Y/(N):y
 L2  ANSWER 1 OF 64  CAPLUS  COPYRIGHT 2004 ACS on STN
AN  2003:796911  CAPLUS
DN  139:302983
TI  Enhanced protein expression in Bacillus with chromosomal genes inactivated
IN  Ferrari, Eugenio; Harbison, Carole; Rashid, M. Harunur; Weyler, Walter
PA  Genencor International, Inc., USA
SO  PCT Int. Appl., 114 pp.
    CODEN: PIXXD2
DT  Patent
LA  English
FAN.CNT 1
    PATENT NO.      KIND  DATE         APPLICATION NO.  DATE
    --------------- ----  --------     ---------------  --------
PI  WO 2003083125    A1   20031009     WO 2003-US9585   20030328
      W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN,
         CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH,
         GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR,
         LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM,
         PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT,
         TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ,
         MD, RU, TJ, TM
      RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, BG,
         CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC,
         NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ,
         GW, ML, MR, NE, SN, TD, TG
PRAI US 2002-368858P  P  20020329
    US 2002-368949P   P  20020329
    US 2002-376343P   P  20020429
RE.CNT  11   THERE ARE 11 CITED REFERENCES AVAILABLE FOR THIS RECORD
```

ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 2 OF 64 USPATFULL on STN
AN 2003:318560 USPATFULL
TI Solid dispersion, process of producing solid dispersion, and heat developable photosensitive material
IN Toda, Satoru, Kanagawa, JAPAN
PA FUJI PHOTO FILM CO., LTD. (non-U.S. corporation)
PI US 2003224303 A1 20031204
AI US 2003-430274 A1 20030507 (10)
PRAI JP 2002-131375 20020507
JP 2002-240943 20020821
DT Utility
FS APPLICATION
LN.CNT 5303
INCL INCLM: 430/546.000
INCLS: 430/531.000; 430/607.000; 430/612.000; 430/619.000
NCL NCLM: 430/546.000
NCLS: 430/531.000; 430/607.000; 430/612.000; 430/619.000
IC [7]
ICM: G03C001-42
ICS: G03C001-498
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 3 OF 64 USPATFULL on STN
AN 2003:257621 USPATFULL
TI Solid dispersion, method of storing the same and photothermographic material
IN Toda, Satoru, Kanagawa, JAPAN
Sakai, Minoru, Kanagawa, JAPAN
PI US 2003180672 A1 20030925
AI US 2002-302913 A1 20021125 (10)
PRAI JP 2001-362755 20011128
DT Utility
FS APPLICATION
LN.CNT 3917
INCL INCLM: 430/546.000
INCLS: 430/531.000; 430/607.000; 430/619.000; 430/631.000
NCL NCLM: 430/546.000
NCLS: 430/531.000; 430/607.000; 430/619.000; 430/631.000
IC [7]
ICM: G03C001-498
ICS: G03C001-34; G03C001-38
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 4 OF 64 USPATFULL on STN
AN 2003:220556 USPATFULL
TI Method and apparatus for characterizing gastrointestinal sounds
IN Sandler, Richard H., Evanston, IL, UNITED STATES
Mansy, Hussein A., Chicago, IL, UNITED STATES
PA Rush-Presbyterian - St. Luke's Medical Center (U.S. corporation)
PI US 2003153847 A1 20030814
AI US 2002-267785 A1 20021009 (10)
RLI Continuation of Ser. No. US 1997-970026, filed on 13 Nov 1997, ABANDONED Continuation-in-part of Ser. No. US 1996-717184, filed on 20 Sep 1996, GRANTED, Pat. No. US 6056703 Continuation-in-part of Ser. No. US 1996-649081, filed on 17 May 1996, ABANDONED Continuation-in-part of Ser. No. US 1996-627309, filed on 3 Apr 1996, ABANDONED
DT Utility
FS APPLICATION
LN.CNT 1257

INCL INCLM: 600/587.000
NCL NCLM: 600/587.000
IC [7]
ICM: A61B005-103

L2 ANSWER 5 OF 64 USPATFULL on STN
AN 2003:140544 USPATFULL
TI High production method of prenyl alcohol by microorganisms
IN Muramatsu, Masayoshi, Nishikamo-gun, JAPAN
Obata, Shusei, Nagoya-shi, JAPAN
Shimizu, Sakayu, Kyoto-shi, JAPAN
PI US 2003096385 A1 20030522
AI US 2001-22434 A1 20011220 (10)
PRAI JP 2000-401951 20001228
JP 2001-375842 20011210
DT Utility
FS APPLICATION
LN.CNT 2296
INCL INCLM: 435/155.000
NCL NCLM: 435/155.000
IC [7]
ICM: C12P007-02
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 6 OF 64 USPATFULL on STN
AN 2003:44443 USPATFULL
TI Method for improving bone modeling and chondrocyte functioning in growing canines
IN Watkins, Bruce A., West Lafayette, IN, UNITED STATES
Lepine, Allan J., Lewisburg, OH, UNITED STATES
Hayek, Michael G., Dayton, OH, UNITED STATES
Reinhart, Gregory A., Dayton, OH, UNITED STATES
PA The Iams Company. (U.S. corporation)
PI US 2003031753 A1 20030213
AI US 2002-173141 A1 20020617 (10)
RLI Continuation of Ser. No. US 2001-785901, filed on 16 Feb 2001, GRANTED, Pat. No. US 6426100
PRAI US 2000-183294P 20000217 (60)
DT Utility
FS APPLICATION
LN.CNT 393
INCL INCLM: 426/002.000
NCL NCLM: 426/002.000
IC [7]
ICM: A01K001-00
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 7 OF 64 USPATFULL on STN
AN 2002:329852 USPATFULL
TI Method for production of geranylgeraniol and analogous compounds thereof by microorganisms
IN Muramatsu, Masayoshi, Nishikamo-gun, JAPAN
Obata, Shusei, Nagoya-shi, JAPAN
Shimizu, Sakayu, Kyoto-shi, JAPAN
PI US 2002187532 A1 20021212
AI US 2001-22695 A1 20011220 (10)
PRAI JP 2000-401266 20001228
JP 2001-376173 20011210
DT Utility
FS APPLICATION
LN.CNT 1676

INCL INCLM: 435/155.000
NCL NCLM: 435/155.000
IC [7]
ICM: C12P007-02
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 8 OF 64 USPATFULL on STN
AN 2002:329455 USPATFULL
TI Prebiotic and probiotic compositions and methods for their use in gut-based therapies
IN Ranganathan, Natarajan, Broomall, PA, UNITED STATES
Dickstein, Jack, Huntingdon Valley, PA, UNITED STATES
Mehta, Raj, King of Prussia, PA, UNITED STATES
PI US 2002187134 A1 20021212
AI US 2001-855346 A1 20010515 (9)
DT Utility
FS APPLICATION
LN.CNT 928
INCL INCLM: 424/093.450
INCLS: 514/054.000
NCL NCLM: 424/093.450
NCLS: 514/054.000
IC [7]
ICM: A61K045-00
ICS: A61K031-715
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 9 OF 64 USPATFULL on STN
AN 2002:314747 USPATFULL
TI Bio-screening methods and biomaterial thereof
IN Quijano, Rodolfo C., Laguna Hills, CA, UNITED STATES
Tu, Hosheng, Tustin, CA, UNITED STATES
PI US 2002177225 A1 20021128
AI US 2001-865251 A1 20010525 (9)
DT Utility
FS APPLICATION
LN.CNT 404
INCL INCLM: 435/325.000
INCLS: 424/093.700
NCL NCLM: 435/325.000
NCLS: 424/093.700
IC [7]
ICM: A61K045-00
ICS: C12N005-06

L2 ANSWER 10 OF 64 USPATFULL on STN
AN 2002:273561 USPATFULL
TI Novel polypeptides and nucleic acids encoding same
IN Rouquier, Sylvie, Montpellier cedex, FRANCE
Giorgi, Dominique, Montpellier cedex, FRANCE
PI US 2002151692 A1 20021017
AI US 2000-747155 A1 20001221 (9)
PRAI US 1999-171746P 19991222 (60)
DT Utility
FS APPLICATION
LN.CNT 3290
INCL INCLM: 536/023.100
INCLS: 435/069.100; 435/325.000; 435/320.100
NCL NCLM: 536/023.100
NCLS: 435/069.100; 435/325.000; 435/320.100
IC [7]

ICM: C07H021-02
ICS: C07H021-04; C12N005-06; C12P021-02
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 11 OF 64 USPATFULL on STN
AN 2002:171834 USPATFULL
TI Producing method of fatty acid silver salt and photothermographic image-recording material
IN Oyamada, Takayoshi, Kanagawa, JAPAN
Ando, Takashi, Kanagawa, JAPAN
PI US 2002090582 A1 20020711
US 6613504 B2 20030902
AI US 2001-903615 A1 20010713 (9)
PRAI JP 2000-214155 20000714
DT Utility
FS APPLICATION
LN.CNT 3107
INCL INCLM: 430/620.000
NCL NCLM: 430/619.000
NCLS: 430/531.000; 430/567.000; 430/620.000
IC [7]
ICM: G03C001-498
ICS: G03C001-035
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 12 OF 64 USPATFULL on STN
AN 2002:92217 USPATFULL
TI Photothermographic material
IN Fukui, Kouta, Minami Ashigara-shi, JAPAN
Takasaki, Masaru, Minami Ashigara-shi, JAPAN
Watanabe, Katsuyuki, Minami Ashigara-shi, JAPAN
PI US 2002048734 A1 20020425
AI US 2001-928520 A1 20010814 (9)
PRAI JP 2000-245689 20000814
DT Utility
FS APPLICATION
LN.CNT 2545
INCL INCLM: 430/620.000
INCLS: 430/607.000; 430/613.000
NCL NCLM: 430/620.000
NCLS: 430/607.000; 430/613.000
IC [7]
ICM: G03C001-498
ICS: G03C001-34
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 13 OF 64 USPATFULL on STN
AN 2002:55191 USPATFULL
TI Triacylglycerol oligomer products and methods of making same
IN Franks, William A., Kansas City, KS, UNITED STATES
PI US 2002032355 A1 20020314
AI US 2000-732361 A1 20001207 (9)
PRAI US 1999-169468P 19991207 (60)
DT Utility
FS APPLICATION
LN.CNT 1052
INCL INCLM: 568/869.000
NCL NCLM: 568/869.000
IC [7]
ICM: C07C027-26
ICS: C07C029-74; C07C031-22

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 14 OF 64 USPATFULL on STN
AN 2002:3666 USPATFULL
TI Method for improving bone modeling and chondrocyte functioning in growing canines
IN Watkins, Bruce A., West Lafayette, IN, UNITED STATES
Lepine, Allan J., Lewisburg, OH, UNITED STATES
Hayek, Michael G., Dayton, OH, UNITED STATES
Reinhart, Gregory A., Dayton, OH, UNITED STATES
PI US 2002001640 A1 20020103
US 6426100 B2 20020730
AI US 2001-785901 A1 20010216 (9)
PRAI US 2000-183294P 20000217 (60)
DT Utility
FS APPLICATION
LN.CNT 388
INCL INCLM: 426/002.000
INCLS: 426/601.000; 424/442.000; 514/784.000
NCL NCLM: 426/002.000
NCLS: 426/601.000; 426/805.000
IC [7]
ICM: A23L001-00
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 15 OF 64 USPATFULL on STN
AN 2002:102446 USPATFULL
TI Photocatalytic titanium dioxide powder, process for producing same, and applications thereof
IN Hagihara, Hiroyuki, Tokyo, JAPAN
Ito, Katsura, Shiojiri, JAPAN
PA Showa Denko Kabushiki Kaisha, Tokyo, JAPAN (non-U.S. corporation)
PI US 6383980 B1 20020507
AI US 2000-657936 20000908 (9)
PRAI JP 1999-254335 19990908
US 1999-156955P 19990930 (60)
DT Utility
FS GRANTED
LN.CNT 758
INCL INCLM: 502/340.000
INCLS: 502/159.000; 502/242.000; 502/250.000; 502/252.000; 502/350.000; 502/341.000; 502/342.000; 502/343.000; 502/527.130; 502/328.000; 502/329.000; 502/330.000; 502/331.000; 502/527.120; 428/403.000; 428/405.000; 428/328.000; 106/287.130; 106/287.160
NCL NCLM: 502/340.000
NCLS: 106/287.130; 106/287.160; 428/328.000; 428/403.000; 428/405.000; 502/159.000; 502/242.000; 502/250.000; 502/252.000; 502/328.000; 502/329.000; 502/330.000; 502/331.000; 502/341.000; 502/342.000; 502/343.000; 502/350.000; 502/527.120; 502/527.130
IC [7]
ICM: B01J023-02
ICS: B01J031-00; B01J021-08; B32B015-02
EXF 502/159; 502/242; 502/250; 502/252; 502/340-343; 502/350; 502/328-331; 502/527.12; 502/527.13; 428/403; 428/405; 428/328; 106/287.13; 106/287.16; 522/28; 522/29; 522/66; 523/125; 523/126
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 16 OF 64 USPATFULL on STN
AN 2002:19167 USPATFULL
TI Photothermographic material
IN Toya, Ichizo, Minami Ashigara, JAPAN

PA Fuji Photo Film Co., Ltd., Kanagawa, JAPAN (non-U.S. corporation)
PI US 6342343 B1 20020129
AI US 2000-570552 20000512 (9)
PRAI JP 1999-136770 19990518
DT Utility
FS GRANTED
LN.CNT 2681
INCL INCLM: 430/619.000
INCLS: 430/513.000; 430/530.000
NCL NCLM: 430/619.000
NCLS: 430/513.000; 430/530.000
IC [7]
ICM: G03C001-498
EXF 430/519; 430/510; 430/527; 430/513; 430/617; 430/530
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 17 OF 64 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN DUPLICATE 1
AN 2002049073 EMBASE
TI Heavy metal resistance patterns of Frankia strains.
AU Richards J.W.; Krumholz G.D.; Chval M.S.; Tisa L.S.
CS L.S. Tisa, Department of Microbiology, University of New Hampshire, 46
College Rd., Durham, NH 03824-2617, United States. LST@hypatia.unh.edu
SO Applied and Environmental Microbiology, (2002) 68/2 (923-927).
Refs: 29
ISSN: 0099-2240 CODEN: AEMIDF
CY United States
DT Journal; Article
FS 004 Microbiology
LA English
SL English

L2 ANSWER 18 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 2
AN 2003:49691 BIOSIS
DN PREV200300049691
TI Production of long-chain polyunsaturated fatty acids by monoxenic growth
of labyrinthulids on oil-dispersed agar medium.
AU Kumon, Y. [Reprint Author]; Yokochi, T.; Nakahara, T.; Yamaoka, M.; Mito,
K.
CS National Institute of Advanced Industrial Science and Technology, Higashi
1-1, Tsukuba, Ibaraki, 305-8566, Japan
y-kumon@aist.go.jp
SO Applied Microbiology and Biotechnology, (November 2002) Vol. 60, No. 3,
pp. 275-280. print.
CODEN: AMBIDG. ISSN: 0175-7598.
DT Article
LA English
ED Entered STN: 15 Jan 2003
Last Updated on STN: 15 Jan 2003

L2 ANSWER 19 OF 64 USPATFULL on STN
AN 2001:182304 USPATFULL
TI Novel compositions and methods of screening for B cell activity
modulators
IN Glynne, Richard, Palo Alto, CA, United States
Goodnow, Chris, Ainslie, ACT, Australia
Mack, Davis, Menlo Park, CA, United States
PI US 2001031462 A1 20011018
AI US 2000-747760 A1 20001221 (9)
PRAI US 1999-171796P 19991222 (60)

DT Utility
FS APPLICATION
LN.CNT 3841
INCL INCLM: 435/004.000
INCLS: 536/024.100
NCL NCLM: 435/004.000
NCLS: 536/024.100
IC [7]
ICM: C12Q001-00
ICS: C07H021-04
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 20 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:78893 BIOSIS
DN PREV200200078893
TI Enzyme-assisted acidolysis of menhaden and seal blubber oils with gamma-linolenic acid.
AU Spurvey, Sharon A.; Senanayake, S. P. J. Namal; Shahidi, Fereidoon [Reprint author]
CS Department of Biochemistry, Memorial University of Newfoundland, St. John's, Newfoundland, A1B 3X9, Canada
fshahidi@mun.ca
SO Journal of the American Oil Chemists' Society, (November, 2001) Vol. 78, No. 11, pp. 1105-1112. print.
CODEN: JAOCA7. ISSN: 0003-021X.
DT Article
LA English
ED Entered STN: 16 Jan 2002
Last Updated on STN: 25 Feb 2002

L2 ANSWER 21 OF 64 USPATFULL on STN
AN 2000:105871 USPATFULL
TI Non-volatile quaternary ammonium compositions and their uses
IN Cody, Charles, Robbinsville, NJ, United States
Chiavoni, Araxi, Trenton, NJ, United States
Campbell, Barbara, Bristol, PA, United States
Magauran, Edward, Westampton, NJ, United States
PA Elementis Specialties, Rheox Inc., Hightstown, NJ, United States (U.S. corporation)
PI US 6103687 20000815
AI US 1998-64723 19980423 (9)
RLI Continuation-in-part of Ser. No. US 1996-745906, filed on 7 Nov 1996, now abandoned which is a continuation of Ser. No. US 1995-385295, filed on 10 Feb 1995, now abandoned
DT Utility
FS Granted
LN.CNT 725
INCL INCLM: 510/504.000
INCLS: 510/123.000; 510/136.000; 510/137.000; 510/158.000; 510/159.000; 510/174.000; 510/487.000; 510/488.000; 510/504.000; 510/515.000; 424/070.280; 514/846.000
NCL NCLM: 510/504.000
NCLS: 424/070.280; 510/123.000; 510/136.000; 510/137.000; 510/158.000; 510/159.000; 510/174.000; 510/487.000; 510/488.000; 510/515.000; 514/846.000
IC [7]
ICM: C11D001-62
ICS: C11D003-43
EXF 510/123; 510/136; 510/137; 510/158; 510/159; 510/174; 510/487; 510/488; 510/504; 510/515; 424/70.28
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 22 OF 64 USPATFULL on STN
AN 2000:64854 USPATFULL
TI Non-iron metalloporphyrins and methods of use
IN Stojiljkovic, Igor, Atlanta, GA, United States
Churchward, Gordon G., Atlanta, GA, United States
PA Emory University, Atlanta, GA, United States (U.S. corporation)
PI US 6066628 20000523
AI US 1998-5373 19980109 (9)
PRAI US 1997-35079P 19970109 (60)
DT Utility
FS Granted
LN.CNT 1083
INCL INCLM: 514/185.000
INCLS: 514/183.000; 514/410.000; 540/145.000
NCL NCLM: 514/185.000
NCLS: 514/183.000; 514/410.000; 540/145.000
IC [7]
ICM: A61K031-40
ICS: C07D487-22
EXF 540/145; 514/183; 514/185; 514/410
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 23 OF 64 USPATFULL on STN
AN 2000:34386 USPATFULL
TI Methods for screening and treating leukemias resulting from all-1 region chromosome abnormalities
IN Croce, Carlo, Philadelphia, PA, United States
Canaani, Eli, Glenside, PA, United States
PA Thomas Jefferson University, Philadelphia, PA, United States (U.S. corporation)
PI US 6040140 20000321
AI US 1996-545860 19960307 (8)
RLI Continuation-in-part of Ser. No. US 1993-62443, filed on 14 May 1993, now abandoned which is a continuation-in-part of Ser. No. US 1992-971094, filed on 30 Oct 1992, now abandoned which is a continuation-in-part of Ser. No. US 1992-888839, filed on 27 May 1992, now abandoned which is a continuation-in-part of Ser. No. US 1991-805093, filed on 11 Dec 1991, now abandoned
DT Utility
FS Granted
LN.CNT 6384
INCL INCLM: 435/006.000
INCLS: 435/091.200; 536/024.310
NCL NCLM: 435/006.000
NCLS: 435/091.200; 536/024.310
IC [7]
ICM: C12Q001-68
ICS: C12P019-34; C07H021-04; C07H021-02
EXF 435/6; 435/92.1; 536/24.31; 935/77; 935/78
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 24 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 3
AN 2000:279316 BIOSIS
DN PREV200000279316
TI Dual control of ***sbo*** -alb operon expression by the Spo0 and ResDE systems of signal transduction under anaerobic conditions in Bacillus subtilis.
AU Nakano, Michiko M.; Zheng, Guolu; Zuber, Peter [Reprint author]
CS Department of Biochemistry and Molecular Biology, Oregon Graduate

Institute of Science and Technology, 20000 NW Walker Rd., Beaverton, OR, 97006, USA
SO Journal of Bacteriology, (June, 2000) Vol. 182, No. 11, pp. 3274-3277. print.
CODEN: JOBAAY. ISSN: 0021-9193.
DT Article
LA English
ED Entered STN: 6 Jul 2000
Last Updated on STN: 7 Jan 2002

L2 ANSWER 25 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 4
AN 2000:279315 BIOSIS
DN PREV200000279315
TI Mutational analysis of the ***sbo*** -alb locus of Bacillus subtilis: Identification of genes required for subtilosin production and immunity.
AU Zheng, Guolu; Hehn, Robin; Zuber, Peter [Reprint author]
CS Department of Biochemistry and Molecular Biology, Oregon Graduate Institute of Science and Technology, 20000 NW Walker Rd., Beaverton, OR, 97006, USA
SO Journal of Bacteriology, (June, 2000) Vol. 182, No. 11, pp. 3266-3273. print.
CODEN: JOBAAY. ISSN: 0021-9193.
DT Article
LA English
ED Entered STN: 6 Jul 2000
Last Updated on STN: 7 Jan 2002

L2 ANSWER 26 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 5
AN 2000:243544 BIOSIS
DN PREV200000243544
TI Imaging of mucormycosis skull base osteomyelitis.
AU Chan, Ling-Ling; Singh, Sanjay; Jones, Dan; Diaz, Eduardo M., Jr.; Ginsberg, Lawrence E. [Reprint author]
CS Diagnostic Radiology, University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Blvd, Houston, TX, 77030, USA
SO AJNR, (May, 2000) Vol. 21, No. 5, pp. 828-831. print.
ISSN: 0195-6108.
DT Article
LA English
ED Entered STN: 14 Jun 2000
Last Updated on STN: 5 Jan 2002

L2 ANSWER 27 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2000:388417 BIOSIS
DN PREV200000388417
TI Mutational and transcriptional analysis of the Bacillus subtilis ***sbo*** -alb operon that is required for the production of the antilisterial ***bacteriocin*** , subtilosin.
AU Zheng, G. [Reprint author]; Nakano, M. M. [Reprint author]; Hehn, R.; Zuber, P. [Reprint author]
CS Oregon Graduate Institute of Science and Technology, Beaverton, OR, USA
SO Abstracts of the General Meeting of the American Society for Microbiology, (2000) Vol. 100, pp. 435. print.
Meeting Info.: 100th General Meeting of the American Society for Microbiology. Los Angeles, California, USA. May 21-25, 2000. American Society for Microbiology.
ISSN: 1060-2011.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)

LA English
ED Entered STN: 13 Sep 2000
Last Updated on STN: 8 Jan 2002

L2 ANSWER 28 OF 64 USPATFULL on STN
AN 1999:89006 USPATFULL
TI Methods of diagnosing clinical subtypes of crohn's disease
IN Targan, Stephan R., Santa Monica, CA, United States
Vasiliauskas, Eric A., Hermosa Beach, CA, United States
Plevy, Scott E., Tenafly, NJ, United States
Barry, Mary J., Ramona, CA, United States
PA Cedars-Sinai Medical Center, Los Angeles, CA, United States (U.S. corporation)
Prometheus Laboratories Inc., San Diego, CA, United States (U.S. corporation)
PI US 5932429 19990803
AI US 1997-837059 19970411 (8)
RLI Continuation-in-part of Ser. No. US 1996-630672, filed on 12 Apr 1996, now abandoned
DT Utility
FS Granted
LN.CNT 1682
INCL INCLM: 435/007.240
INCLS: 435/007.310; 435/007.950; 435/975.000; 436/506.000; 436/508.000
NCL NCLM: 435/007.240
NCLS: 435/007.310; 435/007.950; 435/975.000; 436/506.000; 436/508.000
IC [6]
ICM: G01N033-564
EXF 435/7.24; 435/7.31; 435/7.95; 435/975; 436/506; 436/508
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 29 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 6
AN 2001:232611 BIOSIS
DN PREV200100232611
TI Genes of the ***sbo*** -alb locus of Bacillus subtilis are required for production of the antilisterial ***bacteriocin*** subtilosin.
AU Zheng, Guolu; Yan, Liang Z.; Vederas, John C.; Zuber, Peter [Reprint author]
CS Department of Biochemistry and Molecular Biology, Oregon Graduate Institute of Science and Technology, 20000 N.W. Walker Rd., Beaverton, OR, 97006-8921, USA
pzuber@bmb.ogi.edu
SO Journal of Bacteriology, (December, 1999) Vol. 181, No. 23, pp. 7346-7355. print.
CODEN: JOBAAY. ISSN: 0021-9193.
DT Article
LA English
ED Entered STN: 16 May 2001
Last Updated on STN: 18 Feb 2002

L2 ANSWER 30 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1999:335733 BIOSIS
DN PREV199900335733
TI The effect of synbiotics on colon carcinogenesis in rats.
AU Gallaher, Daniel D. [Reprint author]; Khil, Jinmo
CS Department of Food Science and Nutrition, University of Minnesota, Saint Paul, MN, 55108-6099, USA
SO Journal of Nutrition, (July, 1999) Vol. 129, No. 7 SUPPL., pp. 1483S-1487S. print.
CODEN: JONUAI. ISSN: 0022-3166.

DT Article
LA English
ED Entered STN: 24 Aug 1999
Last Updated on STN: 24 Aug 1999

L2 ANSWER 31 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 7
AN 1999:408567 BIOSIS
DN PREV199900408567
TI The same amino acid substitution in orthologous esterases confers organophosphate resistance on the house fly and a blowfly.
AU Claudianos, Charles [Reprint author]; Russell, Robyn J.; Oakeshott, John G.
CS Division of Entomology, Commonwealth Scientific and Industrial Research Organisation, Canberra, ACT, 2601, Australia
SO Insect Biochemistry and Molecular Biology, (Aug., 1999) Vol. 29, No. 8, pp. 675-686. print.
CODEN: IBMBES. ISSN: 0965-1748.
DT Article
LA English
OS Genbank-AF133341
ED Entered STN: 8 Oct 1999
Last Updated on STN: 8 Oct 1999

L2 ANSWER 32 OF 64 USPATFULL on STN
AN 1998:61556 USPATFULL
TI Process for producing organoclays with quaternary ammonium compositions made using non volatile diluents
IN Cody, Charles, Robbinsville, NJ, United States
Campbell, Barbara, Bristol, PA, United States
Chiavoni, Araxi, Trenton, NJ, United States
Magauran, Edward, Westampton, NJ, United States
PA Rheox, Inc., Hightstown, NJ, United States (U.S. corporation)
PI US 5759938 19980602
AI US 1997-820498 19970319 (8)
RLI Division of Ser. No. US 1995-552452, filed on 3 Nov 1995, now patented, Pat. No. US 5634969 which is a division of Ser. No. US 1995-385295, filed on 10 Feb 1995, now abandoned
DT Utility
FS Granted
LN.CNT 1164
INCL INCLM: 502/062.000
INCLS: 106/287.170; 501/148.000
NCL NCLM: 502/062.000
NCLS: 106/287.170; 501/148.000
IC [6]
ICM: C01B033-44
EXF 502/62; 106/287.17; 501/148
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 33 OF 64 USPATFULL on STN
AN 1998:48451 USPATFULL
TI Use of .omega.-3-fatty acids
IN Egberg, Nils, Lidingo, Sweden
Larsson-Backstrom, Carin, Stockholm, Sweden
Jakobsson, Jan, Djursholm, Sweden
Lundh, Rolf, Huddinge, Sweden
PA Pharmacia & Upjohn Aktiebolag, Stockholm, Sweden (non-U.S. corporation)
PI US 5747533 19980505
WO 9316691 19930902
AI US 1994-290905 19941021 (8)

WO 1993-SE146 19930223
19941021 PCT 371 date
19941021 PCT 102(e) date
PRAI SE 1992-541 19920224
DT Utility
FS Granted
LN.CNT 1065
INCL INCLM: 514/549.000
INCLS: 514/458.000; 514/474.000; 514/560.000; 514/725.000
NCL NCLM: 514/549.000
NCLS: 514/458.000; 514/474.000; 514/560.000; 514/725.000
IC [6]
ICM: A61K031-22
ICS: A61K031-355; A61K031-34; A61K031-20
EXF 514/549; 514/560; 514/474; 514/458; 514/725
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 34 OF 64 USPATFULL on STN
AN 1998:45022 USPATFULL
TI Silver halide photographic material
IN Ezoe, Toshihide, Kanagawa, Japan
Kubo, Toshiaki, Kanagawa, Japan
Takeuchi, Hiroshi, Kanagawa, Japan
Katoh, Kazunobu, Kanagawa, Japan
Hirano, Shigeo, Kanagawa, Japan
Yamazaki, Kazuki, Kanagawa, Japan
Hoshimiya, Takashi, Kanagawa, Japan
Sakai, Minoru, Kanagawa, Japan
Yoshida, Tetsuo, Kanagawa, Japan
PA Fuji Photo Film Co., Ltd., Kanagawa, Japan (non-U.S. corporation)
PI US 5744279 19980428
AI US 1996-595478 19960201 (8)
PRAI JP 1995-37817 19950203
JP 1995-37823 19950203
JP 1995-37824 19950203
JP 1995-37827 19950203
JP 1995-47901 19950214
JP 1995-58236 19950223
DT Utility
FS Granted
LN.CNT 4692
INCL INCLM: 430/264.000
INCLS: 430/598.000; 430/599.000; 430/600.000; 430/601.000
NCL NCLM: 430/264.000
NCLS: 430/598.000; 430/599.000; 430/600.000; 430/601.000
IC [6]
ICM: G03C001-06
EXF 430/264; 430/598; 430/599; 430/600; 430/601
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 35 OF 64 USPATFULL on STN
AN 1998:44882 USPATFULL
TI Oil emulsion vaccines prepared with animal, vegetable, and synthetic oils using a mixture of nonionic surfactants
IN Stone, Henry D., Winterville, GA, United States
PA The United States of America as represented by the Secretary of the Agriculture, Washington, DC, United States (U.S. government)
PI US 5744137 19980428
AI US 1995-384184 19950206 (8)
DT Utility
FS Granted

LN.CNT 1007
INCL INCLM: 424/184.100
INCLS: 424/070.170; 424/070.310; 424/214.100; 424/455.000; 514/937.000; 514/938.000; 514/939.000; 514/943.000; 520/070.000; 520/071.000; 252/174.210; 525/292.000; 525/323.000; 525/331.700
NCL NCLM: 424/184.100
NCLS: 424/070.110; 424/070.310; 424/214.100; 424/455.000; 514/937.000; 514/938.000; 514/939.000; 514/943.000; 525/292.000; 525/323.000; 525/331.700
IC [6]
ICM: A61K039-00
ICS: A61K009-66; A61K007-00; A01N065-00
EXF 252/174.21; 424/214.1; 424/70.11; 424/70.31; 424/177; 424/455; 424/184.1; 514/937-9; 514/943; 520/70; 520/71; 525/292; 525/323; 525/331.7
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 36 OF 64 USPATFULL on STN
AN 1998:31051 USPATFULL
TI Use of omega-3-fatty acids
IN Egberg, Nils, Lidingo, Sweden
Larsson-Backstrom, Carin, Stockholm, Sweden
Jakobsson, Jan, Djursholm, Sweden
Lundh, Rolf, Huddinge, Sweden
PA Pharmacia & Upjohn Aktiebolag, Stockholm, Sweden (non-U.S. corporation)
PI US 5731346 19980324
AI US 1995-483977 19950607 (8)
RLI Division of Ser. No. US 1994-290905, filed on 21 Oct 1994
PRAI SE 1992-541 19920224
WO 1993-SE146 19930223
DT Utility
FS Granted
LN.CNT 1051
INCL INCLM: 514/549.000
INCLS: 514/078.000; 514/458.000; 514/474.000; 514/560.000; 514/824.000
NCL NCLM: 514/549.000
NCLS: 514/078.000; 514/458.000; 514/474.000; 514/560.000; 514/824.000
IC [6]
ICM: A61K031-22
EXF 514/549; 514/560; 514/824; 514/458; 514/474; 514/78
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 37 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1998:428201 BIOSIS
DN PREV199800428201
TI Lipase-assisted concentration on n-3 polyunsaturated fatty acids in acylglycerols from marine oils.
AU Wanasundara, Udaya N.; Shahidi, Fereidoon [Reprint author]
CS Dep. Biochem., Meml. Univ. Newfoundland, St. John's, NF A1B 3X9, Canada
SO Journal of the American Oil Chemists' Society, (Aug., 1998) Vol. 75, No. 8, pp. 945-951. print.
CODEN: JAOCA7. ISSN: 0003-021X.
DT Article
LA English
ED Entered STN: 7 Oct 1998
Last Updated on STN: 7 Oct 1998

L2 ANSWER 38 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 8
AN 1998:326333 BIOSIS
DN PREV199800326333

TI Assessment of the ecotoxic potential of soil contaminants by using a soil-algae test.
AU Hammel, W. [Reprint author]; Steubing, L.; Debus, R. [Reprint author]
CS Fraunhofer-Inst. Umweltchem. Oekotoxikol., D-57392 Schmallenberg, Germany
SO Ecotoxicology and Environmental Safety, (May-June, 1998) Vol. 40, No. 1-2, pp. 173-176. print.
CODEN: EESADV. ISSN: 0147-6513.
DT Article
LA English
ED Entered STN: 22 Jul 1998
Last Updated on STN: 22 Jul 1998

L2 ANSWER 39 OF 64 USPATFULL on STN
AN 97:117716 USPATFULL
TI Nanoemulsion of the oil water type, useful as an ophthalmic vehicle and process for the preparation thereof
IN Valdivia, Francisco Javier Galan, Barcelona, Spain
Dachs, Anna Coll, Barcelona, Spain
Perdiguer, Nuria Carreras, Caldes de Montbui, Spain
PA Laboratorios Cusi, S.A., Barcelona, Spain (non-U.S. corporation)
PI US 5698219 19971216
AI US 1995-509746 19950731 (8)
PRAI ES 1994-1784 19940808
DT Utility
FS Granted
LN.CNT 779
INCL INCLM: 424/450.000
INCLS: 436/829.000; 514/912.000
NCL NCLM: 424/450.000
NCLS: 436/829.000; 514/912.000
IC [6]
ICM: A61K009-127
EXF 424/450; 436/829; 514/912
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 40 OF 64 USPATFULL on STN
AN 97:80936 USPATFULL
TI Methods for the preparation of immunostimulating agents for in vivo delivery
IN Grinstaff, Mark W., Pasadena, CA, United States
Soon-Shiong, Patrick, Los Angeles, CA, United States
Wong, Michael, Champagne, IL, United States
Sandford, Paul A., Los Angeles, CA, United States
Suslick, Kenneth S., Champagne, IL, United States
Desai, Neil P., Los Angeles, CA, United States
PA Vivorx Pharmaceuticals, Inc., Santa Monica, CA, United States (U.S. corporation)
PI US 5665383 19970909
AI US 1995-488804 19950607 (8)
RLI Continuation-in-part of Ser. No. US 1994-200235, filed on 22 Feb 1994, now patented, Pat. No. US 5498421 which is a continuation-in-part of Ser. No. US 1993-23698, filed on 22 Feb 1993, now patented, Pat. No. US 5439686 And a continuation-in-part of Ser. No. US 1993-35150, filed on 26 Mar 1993, now patented, Pat. No. US 5362478
DT Utility
FS Granted
LN.CNT 3278
INCL INCLM: 424/450.000
INCLS: 424/451.000; 424/465.000; 424/489.000
NCL NCLM: 424/450.000
NCLS: 424/451.000; 424/465.000; 424/489.000

IC [6]
ICM: A61K009-127
EXF 424/451; 424/450; 424/465; 424/489
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 41 OF 64 USPATFULL on STN
AN 97:80935 USPATFULL
TI Methods for the preparation of pharmaceutically active agents for in vivo delivery
IN Grinstaff, Mark W., Pasadena, CA, United States
Soon-Shiong, Patrick, Los Angeles, CA, United States
Wong, Michael, Champaign, IL, United States
Sandford, Paul A., Los Angeles, CA, United States
Suslick, Kenneth S., Champaign, IL, United States
Desai, Neil P., Los Angeles, CA, United States
PA Vivorx Pharmaceuticals, Inc., Santa Monica, CA, United States (U.S. corporation)
PI US 5665382 19970909
AI US 1995-485448 19950607 (8)
RLI Continuation-in-part of Ser. No. US 1994-200235, filed on 22 Feb 1994, now patented, Pat. No. US 5498421 which is a continuation-in-part of Ser. No. US 1993-23698, filed on 22 Feb 1993, now patented, Pat. No. US 5439686 And a continuation-in-part of Ser. No. US 1993-35150, filed on 26 Mar 1993, now patented, Pat. No. US 5362478
DT Utility
FS Granted
LN.CNT 3304
INCL INCLM: 424/450.000
INCLS: 424/009.100; 424/488.000
NCL NCLM: 424/450.000
NCLS: 424/009.100; 424/488.000
IC [6]
ICM: A61K009-127
EXF 424/9; 424/9.1; 424/450
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 42 OF 64 USPATFULL on STN
AN 97:63766 USPATFULL
TI Methods for in vivo delivery of nutriceuticals and compositions useful therefor
IN Grinstaff, Mark W., Pasadena, CA, United States
Soon-Shiong, Patrick, Los Angeles, CA, United States
Wong, Michael, Champagne, IL, United States
Sandford, Paul A., Los Angeles, CA, United States
Suslick, Kenneth S., Champagne, IL, United States
Desai, Neil P., Los Angeles, CA, United States
PA Vivorx Pharmaceuticals, Inc., Santa Monica, CA, United States (U.S. corporation)
PI US 5650156 19970722
AI US 1995-482272 19950607 (8)
RLI Continuation-in-part of Ser. No. US 1994-200235, filed on 22 Feb 1994, now patented, Pat. No. US 5498421 which is a continuation-in-part of Ser. No. US 1993-23698, filed on 22 Feb 1993, now patented, Pat. No. US 5439686 And Ser. No. US 1993-35150, filed on 26 Mar 1993, now patented, Pat. No. US 5362478
DT Utility
FS Granted
LN.CNT 3310
INCL INCLM: 424/400.000
INCLS: 424/450.000; 424/451.000; 424/056.000; 424/009.400; 424/009.500; 424/009.300

NCL NCLM: 424/400.000
NCLS: 424/009.300; 424/009.400; 424/009.500; 424/056.000; 424/450.000; 424/451.000
IC [6]
ICM: A61K009-00
EXF 424/400; 424/450; 424/451; 424/9
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 43 OF 64 USPATFULL on STN
AN 97:51729 USPATFULL
TI Methods for the preparation of nucleic acids for in vivo delivery
IN Grinstaff, Mark W., Pasadena, CA, United States
Soon-Shiong, Patrick, Los Angeles, CA, United States
Wong, Michael, Champaign, IL, United States
Sandford, Paul A., Los Angeles, CA, United States
Suslick, Kenneth S., Champaign, IL, United States
Desai, Neil P., Los Angeles, CA, United States
PA Vivorx Pharmaceuticals, Inc., Santa Monica, CA, United States (U.S. corporation)
PI US 5639473 19970617
AI US 1995-483295 19950607 (8)
RLI Division of Ser. No. US 1994-200235, filed on 22 Feb 1994, now patented, Pat. No. US 5498421 which is a continuation-in-part of Ser. No. US 1993-23698, filed on 22 Feb 1993, now patented, Pat. No. US 5439686 And a continuation-in-part of Ser. No. US 1993-35150, filed on 26 Mar 1993, now patented, Pat. No. US 5362478
DT Utility
FS Granted
LN.CNT 3232
INCL INCLM: 424/450.000
INCLS: 424/482.000; 424/488.000; 424/486.000; 424/009.510
NCL NCLM: 424/450.000
NCLS: 424/009.510; 424/482.000; 424/486.000; 424/488.000
IC [6]
ICM: A61K009-127
EXF 424/450; 424/482; 424/488; 424/486; 424/9.51
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 44 OF 64 USPATFULL on STN
AN 97:47123 USPATFULL
TI Methods for the preparation of blood substitutes for in vivo delivery
IN Grinstaff, Mark W., Pasadena, CA, United States
Soon-Shiong, Patrick, Los Angeles, CA, United States
Wong, Michael, Champaign, IL, United States
Sandford, Paul A., Los Angeles, CA, United States
Suslick, Kenneth S., Champaign, IL, United States
Desai, Neil P., Los Angeles, CA, United States
PA Vivorx Pharmaceuticals, Inc., Santa Monica, CA, United States (U.S. corporation)
PI US 5635207 19970603
AI US 1995-480621 19950607 (8)
RLI Division of Ser. No. US 1994-200235, filed on 22 Feb 1994, now patented, Pat. No. US 5498421 which is a continuation-in-part of Ser. No. US 1993-23698, filed on 22 Feb 1993, now patented, Pat. No. US 5439686 And a continuation-in-part of Ser. No. US 1993-35150, filed on 26 Mar 1993, now patented, Pat. No. US 5362478
DT Utility
FS Granted
LN.CNT 3309
INCL INCLM: 424/450.000
INCLS: 424/489.000; 424/001.170

NCL NCLM: 424/450.000
NCLS: 424/001.170; 424/489.000
IC [6]
ICM: A61K009-127
EXF 424/1.17; 424/450; 424/489
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 45 OF 64 USPATFULL on STN
AN 97:46888 USPATFULL
TI Organoclay compositions
IN Cody, Charles, Robbinsville, NJ, United States
Campbell, Barbara, Bristol, PA, United States
Chiavoni, Araxi, Trenton, NJ, United States
Magauran, Edward, Westampton, NJ, United States
PA Rheox, Inc., Hightstown, NJ, United States (U.S. corporation)
PI US 5634969 19970603
AI US 1995-552452 19951103 (8)
RLI Division of Ser. No. US 1995-385295, filed on 10 Feb 1995
DT Utility
FS Granted
LN.CNT 1169
INCL INCLM: 106/287.170
INCLS: 501/148.000
NCL NCLM: 106/287.170
NCLS: 501/148.000
IC [6]
ICM: C01B033-44
ICS: C07C011-63
EXF 106/287.17; 501/148
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 46 OF 64 USPATFULL on STN
AN 96:20903 USPATFULL
TI Composition useful for in vivo delivery of biologics and methods employing same
IN Grinstaff, Mark W., Pasadena, CA, United States
Soon-Shiong, Patrick, Los Angeles, CA, United States
Wong, Michael, Champaign, IL, United States
Sandford, Paul A., Los Angeles, CA, United States
Suslick, Kenneth S., Champaign, IL, United States
Desai, Neil P., Los Angeles, CA, United States
PA Vivorx Pharmaceuticals, Inc., Santa Monica, CA, United States (U.S. corporation)
PI US 5498421 19960312
AI US 1994-200235 19940222 (8)
RLI Continuation-in-part of Ser. No. US 1993-23698, filed on 22 Feb 1993, now patented, Pat. No. US 5439686 And a continuation-in-part of Ser. No. US 1993-35150, filed on 26 Mar 1993, now patented, Pat. No. US 5362478
DT Utility
FS Granted
LN.CNT 3321
INCL INCLM: 424/450.000
INCLS: 424/451.000; 424/455.000; 424/009.300; 424/009.340; 424/009.370; 424/009.400; 424/009.500
NCL NCLM: 424/450.000
NCLS: 424/009.300; 424/009.340; 424/009.370; 424/009.400; 424/009.500; 424/451.000; 424/455.000
IC [6]
ICM: A61K037-22
ICS: A61K009-127
EXF 424/451; 424/45; 424/450

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 47 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 9
AN 1996:225461 BIOSIS
DN PREV199698781590
TI Overexpression of ***bacterio*** -opsin in Escherichia coli as a water-soluble fusion to maltose binding protein: Efficient regeneration of the fusion protein and selective cleavage with trypsin.
AU Chen, Guo-Qiang; Gouaux, J. Eric
CS Dep. Biochem., Mol. Biol., Univ. Chicago, 920 East 5th St., Chicago, IL 60637, USA
SO Protein Science, (1996) Vol. 5, No. 3, pp. 456-467.
ISSN: 0961-8368.
DT Article
LA English
ED Entered STN: 8 May 1996
Last Updated on STN: 8 May 1996

L2 ANSWER 48 OF 64 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1996:157993 CAPLUS
DN 124:222059
TI Overexpression of ***bacterio*** -opsin in Escherichia coli as a water-soluble fusion to maltose binding protein: efficient regeneration of the fusion protein and selective cleavage with trypsin
AU Chen, Guo-Qiang; Gouaux, J. Eric
CS Dep. Biochemistry Mol. Biology, Univ. Chicago, Chicago, IL, 60637, USA
SO Protein Science (1996), 5(3), 455-67
CODEN: PRCIEI; ISSN: 0961-8368
PB Cambridge University Press
DT Journal
LA English

L2 ANSWER 49 OF 64 USPATFULL on STN
AN 94:15643 USPATFULL
TI Enzymatic method for preparing transesterified oils
IN Brown, Peter H., Morton Grove, IL, United States
Carvallo, Federico D., Wheeling, IL, United States
Dinwoodie, Robert C., Glenview, IL, United States
Dueber, Michael T., Glenview, IL, United States
Hayashi, David K., Chicago, IL, United States
Krishnamurthy, R. G., Glenview, IL, United States
Merchant, Zohar M., Wilmette, IL, United States
Myrick, James J., Glencoe, IL, United States
Silver, Richard S., Wilmette, IL, United States
Thomas, Chrisanthus, Arlington, Heights, IL, United States
PA Kraft General Foods, Inc., Northfield, IL, United States (U.S. corporation)
PI US 5288619 19940222
AI US 1992-897255 19920611 (7)
RLI Continuation-in-part of Ser. No. US 1991-714432, filed on 13 Jun 1991, now abandoned which is a continuation-in-part of Ser. No. US 1989-455551, filed on 18 Dec 1989, now abandoned And Ser. No. US 1991-700115, filed on 9 May 1991, now abandoned which is a continuation of Ser. No. US 1989-455555, filed on 18 Dec 1989, now abandoned
DT Utility
FS Granted
LN.CNT 4860
INCL INCLM: 435/134.000
INCLS: 426/033.000; 426/601.000; 426/607.000; 426/603.000; 435/137.000
NCL NCLM: 435/134.000

NCLS: 426/033.000; 426/601.000; 426/603.000; 426/607.000; 435/137.000
IC [5]
ICM: C12P007-64
ICS: C12P007-58; A23D007-00; A23D009-00
EXF 435/134; 435/137; 426/33; 426/601; 426/607; 426/603
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 50 OF 64 USPATFULL on STN
AN 92:27517 USPATFULL
TI Controlled-release formulations of interleukin-2
IN Singh, Maninder, Mountain Brook, Rodeo, CA, United States
Nunberg, Jack H., Mountain Brook, Oakland, CA, United States
Tice, Thomas R., Mountain Brook, Birmingham, AL, United States
Hudson, Michael E., Mountain Brook, Gardendale, AL, United States
Gilley, Richard M., Mountain Brook, AL, CA, United States
Taforo, Terrance A., San Leandro, CA, United States
PA Cetus Corporation, Emeryville, CA, United States (U.S. corporation)
PI US 5102872 19920407
AI US 1988-231757 19880812 (7)
RLI Continuation-in-part of Ser. No. US 1986-856680, filed on 25 Apr 1986, now patented, Pat. No. US 4818769 which is a continuation-in-part of Ser. No. US 1985-778371, filed on 20 Sep 1985, now abandoned
DT Utility
FS Granted
LN.CNT 883
INCL INCLM: 514/021.000
INCLS: 514/002.000; 514/963.000; 514/921.000; 514/872.000; 514/012.000; 930/141.000; 424/499.000
NCL NCLM: 514/021.000
NCLS: 424/499.000; 514/002.000; 514/012.000; 514/872.000; 514/921.000; 514/963.000; 930/141.000
IC [5]
ICM: A61K037-02
EXF 514/12; 514/2; 514/921; 514/872; 514/963; 424/499; 930/141
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 51 OF 64 CABA COPYRIGHT 2004 CABI on STN
AN 93:119923 CABA
DN 19931465668
TI Effect of feeding soybean meal, soybean oil, raw and extruded soybean on the ruminal metabolism and nutrient flow in sheep
AU Ko, J. Y.; Ha, J. K.; Lee, N. H.; Sung, K. S.
CS College of Agriculture and Life Sciences, Seoul National University, Suweon 441-744, Korea Republic.
SO Korean Journal of Animal Sciences, (1992) Vol. 34, No. 5, pp. 152-161. 36 ref.
ISSN: 0367-5807
DT Journal
LA English
SL Korean
ED Entered STN: 19941101
Last Updated on STN: 19941101

L2 ANSWER 52 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1990:217127 BIOSIS
DN PREV199089114417; BA89:114417
TI PRODUCTION OF EMULSAN IN A FERMENTATION PROCESS USING SOYBEAN OIL ***SBO*** IN A CARBON-NITROGEN COORDINATED FEED.
AU SHABTAI Y [Reprint author]; WANG D I C
CS DEP BIOTECHNOL, GEORGE S WISE FAC LIFE SCI, TEL-AVIV UNIV, RAMAT-AVIV 69978, ISRAEL

SO Biotechnology and Bioengineering, (1990) Vol. 35, No. 8, pp. 753-765.
CODEN: BIBIAU. ISSN: 0006-3592.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 10 May 1990
Last Updated on STN: 10 May 1990

L2 ANSWER 53 OF 64 LIFESCI COPYRIGHT 2004 CSA on STN
AN 90:89804 LIFESCI
TI Molecular analysis of an ATP-dependent anion pump.
MICROBIAL MEMBRANE TRANSPORT SYSTEMS.
AU Rosen, B.P.; Hsu, C.-M.; Karkaria, C.E.; Owolabi, J.B.; Tisa, L.S.;
Kornberg, H. [editor]; Henderson, P.J.F. [editor]
CS Dep. Biochem., Wayne State Univ., Sch. Med., Detroit, MI 48201, USA
SO PHILOS. TRANS. R. SOC. LOND., SER. B., (1990) pp. 455-463.
Meeting Info.: Royal Society Discussion Meeting on Microbial Membrane
Transport Systems. London (UK). 22-23 Feb 1989.
DT Book
TC Conference
FS M; J
LA English
SL English

L2 ANSWER 54 OF 64 USPATFULL on STN
AN 89:25784 USPATFULL
TI Immobilized Mucor miehe lipase for transesterification
IN Eigtved, Peter, Holte, Denmark
PA Novo Industri A/S, Bagsvaerd, Denmark (non-U.S. corporation)
PI US 4818695 19890404
AI US 1987-80217 19870731 (7)
RLI Continuation of Ser. No. US 1984-646752, filed on 4 Sep 1984, now
abandoned
PRAI DK 1983-4025 19830905
DT Utility
FS Granted
LN.CNT 846
INCL INCLM: 435/134.000
INCLS: 435/180.000; 435/198.000; 435/931.000
NCL NCLM: 435/134.000
NCLS: 435/180.000; 435/198.000; 435/931.000
IC [4]
ICM: C12P007-64
ICS: C12N011-08; C12N009-20; C12R001-785
EXF 435/134; 435/180; 435/198; 435/931
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 55 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1987:44078 BIOSIS
DN PREV198783023424; BA83:23424
TI PRODUCTION OF RESTRICTION ENDONUCLEASES USING MULTICOPY HSD PLASMIDS
OCCURRING NATURALLY IN PATHOGENIC ESCHERICHIA-COLI AND SHIGELLA-BOYDII.
AU MISE K [Reprint author]; NAKAJIMA K; TERAKADO N; ISHIDATE M JR
CS DIV MUTAGENESIS, NATL INST HYGIENIC SCI, KAMIYOGA 1-18-1, SETAGAYA-KU,
TOKYO 158
SO Gene (Amsterdam), (1986) Vol. 44, No. 1, pp. 165-170.
CODEN: GENED6. ISSN: 0378-1119.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 7 Jan 1987

Last Updated on STN: 7 Jan 1987

L2 ANSWER 56 OF 64 USPATFULL on STN
AN 81:61755 USPATFULL
TI Process for producing benzo-phenone from 1,1-diphenylethane (or 1,1-diphenylethylene) using antimonate catalysts
IN Dolhyj, Serge R., Parma, OH, United States
Velenyi, Louis J., Lyndhurst, OH, United States
PA The Standard Oil Company, Cleveland, OH, United States (U.S. corporation)
PI US 4299987 19811110
AI US 1977-851011 19771114 (5)
DT Utility
FS Granted
LN.CNT 287
INCL INCLM: 568/321.000
INCLS: 260/465.000R; 260/465.000D; 260/465.000F; 260/465.000H; 260/546.000; 560/052.000
NCL NCLM: 568/321.000
NCLS: 558/414.000; 558/415.000; 558/416.000; 560/052.000; 562/887.000
IC [3]
ICM: C07C045-36
EXF 260/590R; 260/591; 260/597R; 260/604R; 260/465R; 260/465D; 260/465F; 260/465H; 260/546; 568/321; 560/52
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 57 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1981:295443 BIOSIS
DN PREV198172080427; BA72:80427
TI INDUCIBLE PLASMID DETERMINED RESISTANCE TO ARSENATE ARSENITE AND ANTIMONY III IN ESCHERICHIA-COLI AND STAPHYLOCOCCUS-AUREUS.
AU SILVER S [Reprint author]; BUDD K; LEAHY K M; SHAW W V; HAMMOND D; NOVICK R P; WILLSKY G R; MALAMY M H; ROSENBERG H; ET AL
CS DEP BIOCHEMISTRY, JOHN CURTIN SCH MED RESEARCH, AUSTRALIAN NATIONAL UNIV, CANBERRA, ACT 2601, AUSTRALIA
SO Journal of Bacteriology, (1981) Vol. 146, No. 3, pp. 983-996.
CODEN: JOBAAY. ISSN: 0021-9193.
DT Article
FS BA
LA ENGLISH

L2 ANSWER 58 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1981:14756 BIOSIS
DN PREV198120014756; BR20:14756
TI SITE SPECIFIC ENDO NUCLEASES IN STREPTOMYCES STRAINS.
AU SHIMOTSU H [Reprint author]; TAKAHASHI H; SAITO H
CS INST APPL MICROBIOL, UNIV TOKYO, BUNKYO-KU, TOKYO 113, JPN
SO Agricultural and Biological Chemistry, (1980) Vol. 44, No. 7, pp. 1665-1666.
CODEN: ABCHA6. ISSN: 0002-1369.
DT Article
FS BR
LA ENGLISH

L2 ANSWER 59 OF 64 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 10
AN 1977:222209 BIOSIS
DN PREV197764044573; BA64:44573
TI OXIDATION OF STIBNITE BY THIOBACILLUS-FERROOXIDANS.
AU TORMA A E; GABRA G G
SO Antonie van Leeuwenhoek, (1977) Vol. 43, No. 1, pp. 1-6.

CODEN: ALJMAO. ISSN: 0003-6072.
DT Article
FS BA
LA Unavailable

L2 ANSWER 60 OF 64 USPATFULL on STN
AN 73:48621 USPATFULL
TI METHOD FOR TEMPORARILY SEALING A PERMEABLE FORMATION
IN Nimerick, Kenneth H., Tulsa, OK, United States
PA The Dow Chemical Company, Midland, MI, United States (U.S. corporation)
PI US 3766984 19731023
AI US 1972-222300 19720131 (5)
RLI Division of Ser. No. US 1970-89150, filed on 12 Nov 1970 And a continuation-in-part of Ser. No. US 1968-730578, filed on 20 May 1968, now patented, Pat. No. US 3615794
DT Utility
FS Granted
LN.CNT 922
INCL INCLM: 166/294.000
INCLS: 166/295.000
NCL NCLM: 166/294.000
NCLS: 166/295.000
IC [1]
ICM: E21B033-138
EXF 166/294; 166/295
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 61 OF 64 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1970:465438 CAPLUS
DN 73:65438
TI Stabilizing active ingredients in an animal dip
IN Geiger, Max
PA CIBA Ltd.
SO S. African, 7 pp.
CODEN: SFXXAB
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI ZA 6904276		19700107		
CH 497845			CH	
GB 1222781			GB	
PRAI CH		19680621		

L2 ANSWER 62 OF 64 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1970:52142 CAPLUS
DN 72:52142
TI Streptomycin-induced phenotypic suppression of hydroxylamine-induced nonsense mutants in the rII A cistron of ***bacteriophage*** T4
AU Schwartz, Robert David; Bryson, Vernon
CS Inst. of Microbiol., Rutgers State Univ., New Brunswick, NJ, USA
SO Journal of Virology (1970), 5(1), 22-6
CODEN: JOVIAM; ISSN: 0022-538X
DT Journal
LA English

L2 ANSWER 63 OF 64 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1964:19338 CAPLUS
DN 60:19338
OREF 60:3438e-f

TI Alkyldithiocarbamoylstilbine oxide ***bactericides*** and fungicides
IN Nagasawa, Masao; Yamamoto, Fukutaro; Maeda, Taizo
PA Ihara Agricultural Chemical Co.
SO 2 pp.
DT Patent
LA Unavailable

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI JP 38006792		19630522	JP	19610223

L2 ANSWER 64 OF 64 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1930:33038 CAPLUS
DN 24:33038
OREF 24:3530c-e
TI Oligodynamics of metallic salt solutions
AU Hocs, S.
SO Helvetica Chimica Acta (1930), 13, 153-72
CODEN: HCACAV; ISSN: 0018-019X
DT Journal
LA Unavailable

=> s lactulose breath
L4 321 LACTULOSE BREATH

=> dup rem l4
PROCESSING COMPLETED FOR L4
L5 136 DUP REM L4 (185 DUPLICATES REMOVED)

=> d bib ab kwic 135

L5 ANSWER 135 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 63
AN 1981:195880 BIOSIS
DN PREV198171065872; BA71:65872
TI ANALYSIS OF DIARRHEA IN A DIABETIC PATIENT COMPLICATED WITH ACROMEGALY.
AU SAITO Y [Reprint author]; SATO T; MARUHAMA Y; KIKUCHI J
CS 3RD DEP INTERNAL MED, TOHOKU UNIV SCHOOL MED, SENDAI, JAPAN
SO Journal of the Japan Diabetes Society, (1980) Vol. 23, No. 12, pp.
1109-1115.
CODEN: TONYA4. ISSN: 0021-437X.
DT Article
FS BA
LA JAPANESE
AB A diabetic patient (35 yr old, male) complicated with acromegaly showed continuous diarrhea lasting for more than 1 yr. He had severe diabetes and his blood sugar levels remained unstable despite insulin therapy. The diarrhea persisted after pituitary extirpation. Daily fecal fat excretion reached 28 g, but he revealed no symptoms of malnutrition except for slight hypocholesterolemia. His exocrine pancreatic function and plasma vasoactive intestinal polypeptide levels were normal. The gastric emptying rate (acetaminophen absorption method) and transit in the upper digestive tract (***lactulose*** - ***breath*** hydrogen method) were markedly accelerated. A shortening of the transit time in the total digestive tract (single stool-marker method) was also noted. Plasma motilin levels measured serially during fasting were strikingly elevated and showed fluctuations. The motilin levels tended to decrease after test meal ingestion. Although the precise etiology of the diarrhea in the present case could not be elucidated, its mechanism appeared to be related to the marked increase in motility of the upper digestive tract. The increase in both gastrointestinal motility and plasma motilin was unusual.

It was not found in diabetic patients complicated with neuropathy and gastrointestinal dysfunction. The increased gastrointestinal motility probably causing diarrhea in the present patient may be based on the elevated motilin level or vice versa.

AB. . . vasoactive intestinal polypeptide levels were normal. The gastric emptying rate (acetaminophen absorption method) and transit in the upper digestive tract (***lactulose*** - ***breath*** hydrogen method) were markedly accelerated. A shortening of the transit time in the total digestive tract (single stool-marker method) was. . .

IT Miscellaneous Descriptors
INSULIN HORMONE-DRUG MOTILIN VASOACTIVE INTESTINAL POLY PEPTIDE ACETAMINOPHEN ABSORPTION METHOD ***LACTULOSE*** ***BREATH*** HYDROGEN METHOD SINGLE STOOL MARKER METHOD

=> d 1-
YOU HAVE REQUESTED DATA FROM 136 ANSWERS - CONTINUE? Y/(N):y

L5 ANSWER 1 OF 136 CAPLUS COPYRIGHT 2004 ACS on STN
AN 2004:27337 CAPLUS
TI IBS Subjects with Methane on ***Lactulose*** ***Breath*** Test Have Lower Postprandial Serotonin Levels Than Subjects with Hydrogen
AU Pimentel, Mark; Kong, Yuthana; Park, Sandy
CS California 90048. School of Medicine, Los Angeles, Cedars-Sinai Medical Center, CSMC Burns and Allen Research Institute, Department of Medicine, The GI Motility Program, University of California, Los Angeles, Los Angeles, CA, 90024, USA
SO Digestive Diseases and Sciences (2004), 49(1), 84-87
CODEN: DDSCDJ; ISSN: 0163-2116
PB Kluwer Academic/Plenum Publishers
DT Journal
LA English

L5 ANSWER 2 OF 136 CAPLUS COPYRIGHT 2004 ACS on STN
AN 2004:27339 CAPLUS
TI A 14-Day Elemental Diet Is Highly Effective in Normalizing the ***Lactulose*** ***Breath*** Test
AU Pimentel, Mark; Constantino, Tess; Kong, Yuthana; Bajwa, Meera; Rezaei, Abolghasem; Park, Sandy
CS California 90048. School of Medicine, Los Angeles, CSMC Burns & Allen Research Institute, Cedars-Sinai Medical Center, Department of Medicine, Division of Gastroenterology, The GI Motility Program, University of California, Los Angeles, CA, 90024, USA
SO Digestive Diseases and Sciences (2004), 49(1), 73-77
CODEN: DDSCDJ; ISSN: 0163-2116
PB Kluwer Academic/Plenum Publishers
DT Journal
LA English

L5 ANSWER 3 OF 136 USPATFULL on STN
AN 2003:93642 USPATFULL
TI Use of methylnaltrexone and related compounds
IN Foss, Joseph F., Chicago, IL, UNITED STATES
Roizen, Michael F., Fayetteville, NY, UNITED STATES
Moss, Jonathan, Chicago, IL, UNITED STATES
Yuan, Chun-Su, Chicago, IL, UNITED STATES
Drell, William, San Diego, CA, UNITED STATES
PA The University of Chicago, Chicago, IL (U.S. corporation)
PI US 2003065003 A1 20030403
AI US 2002-278630 A1 20021023 (10)

RLI Division of Ser. No. US 2001-862169, filed on 21 May 2001, PENDING
Continuation of Ser. No. US 1998-120703, filed on 22 Jul 1998, GRANTED, Pat. No. US 6274591 Continuation-in-part of Ser. No. US 1997-962742, filed on 3 Nov 1997, GRANTED, Pat. No. US 5972954
DT Utility
FS APPLICATION
LN.CNT 453
INCL INCLM: 514/282.000
NCL NCLM: 514/282.000
IC [7]
ICM: A61K031-485
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 4 OF 136 USPATFULL on STN
AN 2003:44316 USPATFULL
TI Methods of diagnosing irritable bowel syndrome and other disorders caused by small intestinal bacterial overgrowth
IN Lin, Henry C., Manhattan Beach, CA, UNITED STATES
Pimentel, Mark, Los Angeles, CA, UNITED STATES
PI US 2003031625 A1 20030213
AI US 2002-107240 A1 20020326 (10)
RLI Division of Ser. No. US 1999-374142, filed on 11 Aug 1999, PENDING
DT Utility
FS APPLICATION
LN.CNT 1725
INCL INCLM: 424/001.110
INCLS: 424/009.200; 435/034.000
NCL NCLM: 424/001.110
NCLS: 424/009.200; 435/034.000
IC [7]
ICM: A61M036-14
ICS: A61K051-00; A61K049-00; C12Q001-04
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 5 OF 136 USPATFULL on STN
AN 2003:129832 USPATFULL
TI METHOD OF DIAGNOSING IRRITABLE BOWEL SYNDROME AND OTHER DISORDERS CAUSED BY SMALL INTESTINAL BACTERIAL OVERGROWTH BY DETECTING THE PRESENCE OF ANTI-SACCHAROMYCES CERIVISIAE ANTIBODIES (ASCA) IN HUMAN SERUM
IN Lin, Henry C., Manhattan Beach, CA, United States
Pimentel, Mark, Los Angeles, CA, United States
PA Cedars-Sinai Medical Center, Los Angeles, CA, United States (U.S. corporation)
PI US 6562629 B1 20030513
AI US 1999-374143 19990811 (9)
DT Utility
FS GRANTED
LN.CNT 2200
INCL INCLM: 436/506.000
INCLS: 435/004.000; 435/007.100
NCL NCLM: 436/506.000
NCLS: 435/004.000; 435/007.100
IC [7]
ICM: G01N033-564
EXF 435/7.1; 435/4; 436/506

L5 ANSWER 6 OF 136 USPATFULL on STN
AN 2003:123105 USPATFULL
TI Methods for manipulating upper gastrointestinal transit, blood flow, and satiety, and for treating visceral hyperalgesia
IN Lin, Henry C., Manhattan Beach, CA, United States

PA Cedars-Sinai Medical Center, Los Angeles, CA, United States (U.S. corporation)
PI US 6558708 B1 20030506
AI US 2000-546119 20000410 (9)
RLI Continuation-in-part of Ser. No. US 1999-420046, filed on 18 Oct 1999 Continuation-in-part of Ser. No. US 1999-359583, filed on 22 Jul 1999, now abandoned Continuation of Ser. No. US 1997-832307, filed on 3 Apr 1997, now patented, Pat. No. US 5977175, issued on 2 Nov 1999 Continuation of Ser. No. US 1995-442843, filed on 17 May 1995, now abandoned
DT Utility
FS GRANTED
LN.CNT 3377
INCL INCLM: 424/490.000
INCLS: 424/451.000; 424/464.000; 424/474.000; 424/489.000
NCL NCLM: 424/490.000
NCLS: 424/451.000; 424/464.000; 424/474.000; 424/489.000
IC [7]
ICM: A61K009-16
ICS: A61K009-20; A61K009-14; A61K009-48
EXF 424/451; 424/463; 424/464; 424/474; 424/489; 424/490; 424/491; 514/12; 514/13
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 7 OF 136 CAPLUS COPYRIGHT 2004 ACS on STN DUPLICATE 1
AN 2003:982218 CAPLUS
TI Breath testing to evaluate lactose intolerance in irritable bowel syndrome correlates with lactulose testing and may not reflect true lactose malabsorption
AU Pimentel, Mark; Kong, Yuthana; Park, Sandy
CS CSMC Burns and Allen Research Institute, Department of Medicine, GI Motility Program, Cedars-Sinai Medical Center, Los Angeles, CA, USA
SO American Journal of Gastroenterology (2003), 98(12), 2700-2704 CODEN: AJGAAR; ISSN: 0002-9270
PB Elsevier Science Inc.
DT Journal
LA English

L5 ANSWER 8 OF 136 MEDLINE on STN
AN 2004025070 IN-PROCESS
DN PubMed ID: 14724846
TI ***Lactulose*** ***breath*** testing, bacterial overgrowth, and IBS: just a lot of hot air?.
AU Hasler William L
SO Gastroenterology, (2003 Dec) 125 (6) 1898-900; discussion 1900. Journal code: 0374630. ISSN: 0016-5085.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS IN-PROCESS; NONINDEXED; Abridged Index Medicus Journals; Priority Journals
ED Entered STN: 20040116
Last Updated on STN: 20040117

L5 ANSWER 9 OF 136 MEDLINE on STN DUPLICATE 2
AN 2003574615 IN-PROCESS
DN PubMed ID: 14653830
TI Antibiotic treatment of small bowel bacterial overgrowth in patients with Crohn's disease.
AU Castiglione F; Rispo A; Di Girolamo E; Cozzolino A; Manguso F; Grassia R; Mazzacca G
CS Gastroenterology Unit, University of Naples Federico II, Naples, Italy..

fabcasti@unina.it
SO Alimentary pharmacology & therapeutics, (2003 Dec) 18 (11-12) 1107-12.
Journal code: 8707234. ISSN: 0269-2813.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS IN-PROCESS; NONINDEXED; Priority Journals
ED Entered STN: 20031216
Last Updated on STN: 20040102

L5 ANSWER 10 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 2003:778478 SCISEARCH
GA The Genuine Article (R) Number: 675CR
TI Orocecal transit times (OCTT) in healthy subjects assessed by magnet-tracing (MT) and ***lactulose*** ***breath*** hydrogen test (LBHT)
AU Schlageter V (Reprint); Armstrong D; Bercik P; Radovic V; Kucera P
SO GASTROENTEROLOGY, (APR 2003) Vol. 124, No. 4, Supp. [S], pp. A426-A426.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399 USA.
ISSN: 0016-5085.
DT Conference; Journal
LA English
REC Reference Count: 0

L5 ANSWER 11 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 3
AN 2003:152093 BIOSIS
DN PREV200300152093
TI Normalization of ***lactulose*** ***breath*** testing correlates with symptom improvement in irritable bowel syndrome: A double-blind, randomized, placebo-controlled study.
AU Pimentel, Mark [Reprint Author]; Chow, Evelyn J.; Lin, Henry C.
CS Cedars-Sinai Medical Center, 8635 W. 3rd Street, Suite 770W, Los Angeles, CA, 90048, USA
SO American Journal of Gastroenterology, (February 2003) Vol. 98, No. 2, pp. 412-419. print.
ISSN: 0002-9270 (ISSN print).
DT Article
LA English
ED Entered STN: 19 Mar 2003
Last Updated on STN: 19 Mar 2003

L5 ANSWER 12 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 4
AN 2004:1846 BIOSIS
DN PREV200400004954
TI Assessment of intestinal permeability and orocecal transit time in patients with systemic sclerosis: Analysis of relationships with epidemiologic and clinical parameters.
AU Caserta, Luigi; de Magistris, Laura; Secondulfo, Mario; Caravelli, Giancarlo; Riegler, Gabriele; Cuomo, Giovanna; D'Angelo, Salvatore; Naclerio, Caterina; Valentini, Gabriele; Carratu, Romano [Reprint Author]
CS Gastroenterology Unit, "Magrassi-Lanzara" Department of Clinical and Experimental Internal Medicine, Second University of Naples, Naples, Italy
romano.carratu@unina2.it
SO Rheumatology International, (September 2003) Vol. 23, No. 5, pp. 226-230. print.
CODEN: RHINDE. ISSN: 0172-8172.
DT Article
LA English

ED Entered STN: 17 Dec 2003
Last Updated on STN: 17 Dec 2003

L5 ANSWER 13 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 5
AN 2003:162997 BIOSIS
DN PREV200300162997
TI Methane production during ***lactulose*** ***breath*** test is associated with gastrointestinal disease presentation.
AU Pimentel, Mark [Reprint Author]; Mayer, Andrew G.; Park, Sandy; Chow, Evelyn J.; Hasan, Aliya; Kong, Yuthana
CS GI Motility Laboratory, 8635 W. 3rd St., Suite 770, Los Angeles, CA, 90048, USA
SO Digestive Diseases and Sciences, (January 2003) Vol. 48, No. 1, pp. 86-92. print.
ISSN: 0163-2116 (ISSN print).
DT Article
LA English
ED Entered STN: 26 Mar 2003
Last Updated on STN: 26 Mar 2003

L5 ANSWER 14 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 2003:133875 SCISEARCH
GA The Genuine Article (R) Number: 642HJ
TI Assessment of orocaecal transit time in different localization of Crohn's disease and its possible influence on clinical response to therapy
AU Tursi A (Reprint); Brandimarte G; Giorgetti G; Nasi G
CS Galleria Pisani 4, I-70031 Andria, BA, Italy (Reprint); Cristo Re Hosp, Digest Endoscopy Unit, Dept Internal Med, Rome, Italy; L Bonomo Hosp, Dept Emergency, Andria, Italy; S Eugenio Hosp, Dept Internal Med, Rome, Italy
CYA Italy
SO EUROPEAN JOURNAL OF GASTROENTEROLOGY & HEPATOLOGY, (JAN 2003) Vol. 15, No. 1, pp. 69-74.
Publisher: LIPPINCOTT WILLIAMS & WILKINS, 530 WALNUT ST, PHILADELPHIA, PA 19106-3621 USA.
ISSN: 0954-691X.
DT Article; Journal
LA English
REC Reference Count: 20
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

L5 ANSWER 15 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2003:582654 BIOSIS
DN PREV200300572480
TI OROCECAL TRANSIT TIMES (OCTT) IN HEALTHY SUBJECTS ASSESSED BY MAGNET-TRACING (MT) AND ***LACTULOSE*** ***BREATH*** HYDROGEN TEST (LBHT).
AU Schlageter, Vincent [Reprint Author]; Armstrong, David; Bercik, Premysl; Radovic, Vladimir; Kucera, Pavel
CS Lausanne, Switzerland
SO Digestive Disease Week Abstracts and Itinerary Planner, (2003) Vol. 2003, pp. Abstract No. M2156. e-file.
Meeting Info.: Digestive Disease 2003. FL, Orlando, USA. May 17-22, 2003. American Association for the Study of Liver Diseases; American Gastroenterological Association; American Society for Gastrointestinal Endoscopy; Society for Surgery of the Alimentary Tract.
DT Conference; (Meeting)
Conference; (Meeting Poster)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 10 Dec 2003

Last Updated on STN: 10 Dec 2003

L5 ANSWER 16 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2004:25876 BIOSIS
DN PREV200400024268
TI THE ROLE OF SMALL INTESTINAL BACTERIAL OVERGROWTH IN THE PATHOGENESIS OF GASTROESOPHAGEAL REFLUX.
AU Jarzab, Anna [Reprint Author]; Stopyra, Janina [Reprint Author]; Fyderek, Krzysztof [Reprint Author]
CS Krakow, Poland
SO Digestive Disease Week Abstracts and Itinerary Planner, (2003) Vol. 2003, pp. Abstract No. M2080. e-file.
Meeting Info.: Digestive Disease 2003. FL, Orlando, USA. May 17-22, 2003. American Association for the Study of Liver Diseases; American Gastroenterological Association; American Society for Gastrointestinal Endoscopy; Society for Surgery of the Alimentary Tract.
DT Conference; (Meeting)
Conference; (Meeting Poster)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 31 Dec 2003
Last Updated on STN: 31 Dec 2003

L5 ANSWER 17 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2004:26100 BIOSIS
DN PREV200400024486
TI GASTRIC EMPTYING RATE IS INFLUENCED BY THE EXCRETION OF COLONIC GAS.
AU Symonds, Erin L. [Reprint Author]; Omari, Taher [Reprint Author]; Butler, Ross [Reprint Author]
CS North Adelaide, Australia
SO Digestive Disease Week Abstracts and Itinerary Planner, (2003) Vol. 2003, pp. Abstract No. W1476. e-file.
Meeting Info.: Digestive Disease 2003. FL, Orlando, USA. May 17-22, 2003. American Association for the Study of Liver Diseases; American Gastroenterological Association; American Society for Gastrointestinal Endoscopy; Society for Surgery of the Alimentary Tract.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 31 Dec 2003
Last Updated on STN: 31 Dec 2003

L5 ANSWER 18 OF 136 USPATFULL on STN
AN 2002:178559 USPATFULL
TI METHOD AND COMPOSITIONS FOR IMPROVING DIGESTION AND ABSORPTION IN THE SMALL INTESTINE
IN LIN, M. D., HENRY C., MANHATTAN BEACH, CA, UNITED STATES
PI US 2002094346 A1 20020718
AI US 1999-420046 A1 19991018 (9)
RLI Continuation-in-part of Ser. No. US 1999-359583, filed on 22 Jul 1999, ABANDONED Continuation of Ser. No. US 1997-832307, filed on 3 Apr 1997, PATENTED Continuation of Ser. No. US 1995-442843, filed on 17 May 1995, ABANDONED
DT Utility
FS APPLICATION
LN.CNT 1844
INCL INCLM: 424/490.000
INCLS: 424/489.000
NCL NCLM: 424/490.000
NCLS: 424/489.000
IC [7]

ICM: A61K009-14
ICS: A61K009-16; A61K009-50
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 19 OF 136 USPATFULL on STN
AN 2002:72462 USPATFULL
TI Methods of diagnosing and treating small intestinal bacterial overgrowth (SIBO) and SIBO-related conditions
IN Lin, Henry C., Manhattan Beach, CA, UNITED STATES
Pimentel, Mark, Los Angeles, CA, UNITED STATES
PI US 2002039599 A1 20020404
AI US 2001-837797 A1 20010417 (9)
RLI Continuation-in-part of Ser. No. US 1999-374142, filed on 11 Aug 1999, PENDING Continuation-in-part of Ser. No. US 2000-546119, filed on 10 Apr 2000, PENDING Continuation-in-part of Ser. No. US 1999-420046, filed on 18 Oct 1999, PENDING Continuation-in-part of Ser. No. US 1999-359583, filed on 22 Jul 1999, ABANDONED Continuation of Ser. No. US 1997-832307, filed on 3 Apr 1997, GRANTED, Pat. No. US 5977175 Continuation of Ser. No. US 1995-442843, filed on 17 May 1995, ABANDONED
DT Utility
FS APPLICATION
LN.CNT 4226
INCL INCLM: 424/558.000
INCLS: 514/714.000; 514/002.000
NCL NCLM: 424/558.000
NCLS: 514/714.000; 514/002.000
IC [7]
ICM: A61K035-22
ICS: A61K035-23; A01N031-00; A61K038-00
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 20 OF 136 USPATFULL on STN
AN 2002:48633 USPATFULL
TI Use of methylnaltrexone and related compounds
IN Foss, Joseph F., Chicago, IL, UNITED STATES
Roizen, Michael F., Chicago, IL, UNITED STATES
Moss, Jonathan, Chicago, IL, UNITED STATES
Yuan, Chun-Su, Chicago, IL, UNITED STATES
Drell, William, San Diego, CA, UNITED STATES
PI US 2002028825 A1 20020307
US 6608075 B2 20030819
AI US 2001-862169 A1 20010521 (9)
RLI Continuation of Ser. No. US 1998-120703, filed on 22 Jul 1998, GRANTED, Pat. No. US 6274591 Continuation-in-part of Ser. No. US 1997-962742, filed on 3 Nov 1997, GRANTED, Pat. No. US 5972954
DT Utility
FS APPLICATION
LN.CNT 451
INCL INCLM: 514/282.000
NCL NCLM: 514/282.000
IC [7]
ICM: A61K031-485
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 21 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 6
AN 2003:50050 BIOSIS
DN PREV200300050050
TI Lower frequency of MMC is found in IBS subjects with abnormal ***lactulose*** ***breath*** test, suggesting bacterial overgrowth.
AU Pimentel, Mark [Reprint Author]; Soffer, Edy E.; Chow, Evelyn J.; Kong,

Yuthana; Lin, Henry C.
CS GI Motility Laboratory, Cedars-Sinai Medical Center, 8635 W. 3rd St., Los Angeles, CA, 90048, USA
SO Digestive Diseases and Sciences, (December 2002) Vol. 47, No. 12, pp. 2639-2643. print.
ISSN: 0163-2116 (ISSN print).
DT Article
LA English
ED Entered STN: 15 Jan 2003
Last Updated on STN: 15 Jan 2003

L5 ANSWER 22 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 7
AN 2003:9489 BIOSIS
DN PREV200300009489
TI Eradication of small intestinal bacterial overgrowth and oro-cecal transit in diabetics.
AU Cuoco, Lucio [Reprint Author]; Montalto, Massimo; Jorizzo, Regina Anna; Santarelli, Luca; Arancio, Fabiola; Cammarota, Giovanni; Gasbarrini, Giovanni
CS Istituto di Medicina Interna, Universita Cattolica del Sacro Cuore, Largo A Gemelli, 8, 00168, Roma, Italy
luciocuoco@tiscalinet.it
SO Hepato-Gastroenterology, (November-December 2002) Vol. 49, No. 48, pp. 1582-1586. print.
CODEN: HEGAD4. ISSN: 0172-6390.
DT Article
LA English
ED Entered STN: 18 Dec 2002
Last Updated on STN: 18 Dec 2002

L5 ANSWER 23 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 2002:416493 SCISEARCH
GA The Genuine Article (R) Number: 548AW
TI Elemental diet is more effective than antibiotics in normalizing ***lactulose*** ***breath*** test in IBS
AU Pimentel M (Reprint); Bajwa M; Constantino T A; Kong Y; Lin H C
SO GASTROENTEROLOGY, (APR 2002) Vol. 122, No. 4, Supp. [1], pp. A323-A323. MA M1552.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399 USA.
ISSN: 0016-5085.
DT Conference; Journal
LA English
REC Reference Count: 0

L5 ANSWER 24 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:115849 BIOSIS
DN PREV200200115849
TI Small intestinal bacterial overgrowth, intestinal permeability, and non-alcoholic steatohepatitis: Authors' reply.
AU Wigg, A. J. [Reprint author]; Cummins, A. G.
CS Department of Gastroenterology and Hepatology, Flinders Medical Center, Bedford Park, Adelaide, South Australia, 5042, Australia
AWigg.alan.wigg@flinders.edu.au
SO Gut, (January, 2002) Vol. 50, No. 1, pp. 137-138. print.
CODEN: GUTTAK. ISSN: 0017-5749.
DT Article
LA English
ED Entered STN: 30 Jan 2002
Last Updated on STN: 26 Feb 2002

L5 ANSWER 25 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:234388 BIOSIS
DN PREV200200234388
TI Clinical utility of daytime ***lactulose*** ***breath*** hydrogen testing as a screening test for diabetic gastroparesis.
AU Sanchez, D. [Reprint author]; Stephenson, C. L. [Reprint author]; Burge, M. R. [Reprint author]
CS University of New Mexico School of Medicine, Albuquerque, NM, USA
SO Journal of Investigative Medicine, (January, 2002) Vol. 50, No. 1, pp. 77A. print.
Meeting Info.: Meeting of the American Federation for Medical Research, Western Region. Carmel, California, USA. February 06-09, 2002. American Federation for Medical Research, Western Region.
ISSN: 1081-5589.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 10 Apr 2002
Last Updated on STN: 10 Apr 2002

L5 ANSWER 26 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 2002:415134 SCISEARCH
GA The Genuine Article (R) Number: 548AW
TI Neomycin leads to a dramatic improvement in IBS symptoms that depend an ***lactulose*** ***breath*** test findings: A double blind randomized placebo controlled study
AU Pimentel M (Reprint); Chow E; Lin H C
SO GASTROENTEROLOGY, (APR 2002) Vol. 122, No. 4, Supp. [1], pp. A60-A60. MA 500.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399 USA.
ISSN: 0016-5085.
DT Conference; Journal
LA English
REC Reference Count: 0

L5 ANSWER 27 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:234318 BIOSIS
DN PREV200200234318
TI Effect of time of day on ***lactulose*** ***breath*** hydrogen testing for diabetic gastroparesis.
AU Stephenson, C. L. [Reprint author]; Sanchez, D. [Reprint author]; Burge, M. R. [Reprint author]
CS University of New Mexico School of Medicine, Albuquerque, NM, USA
SO Journal of Investigative Medicine, (January, 2002) Vol. 50, No. 1, pp. 42A. print.
Meeting Info.: Meeting of the American Federation for Medical Research, Western Region. Carmel, California, USA. February 06-09, 2002. American Federation for Medical Research, Western Region.
ISSN: 1081-5589.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Poster)
LA English
ED Entered STN: 10 Apr 2002
Last Updated on STN: 10 Apr 2002

L5 ANSWER 28 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:542508 BIOSIS
DN PREV200200542508

TI Elemental diet is more effective than antibiotics in normalizing ***lactulose*** ***breath*** test in IBS.
AU Pimentel, Mark [Reprint author]; Bajwa, Meera [Reprint author]; Constantino, Tess A. [Reprint author]; Kong, Yuthana [Reprint author]; Lin, Henry C. [Reprint author]
CS Los Angeles, CA, USA
SO Gastroenterology, (April, 2002) Vol. 122, No. 4 Suppl. 1, pp. A-323. print.
Meeting Info.: Digestive Disease Week and the 103rd Annual Meeting of the American Gastroenterological Association. San Francisco, CA, USA. May 19-22, 2002.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 23 Oct 2002
Last Updated on STN: 30 Dec 2002

L5 ANSWER 29 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:542510 BIOSIS
DN PREV200200542510
TI Small intestinal motility is abnormal in IBS subjects with small intestinal bacterial overgrowth.
AU Pimentel, Mark [Reprint author]; Soffer, Edy E.; Chow, Evelyn; Lin, Henry C.
CS Los Angeles, CA, USA
SO Gastroenterology, (April, 2002) Vol. 122, No. 4 Suppl. 1, pp. A-323. print.
Meeting Info.: Digestive Disease Week and the 103rd Annual Meeting of the American Gastroenterological Association. San Francisco, CA, USA. May 19-22, 2002.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 23 Oct 2002
Last Updated on STN: 23 Oct 2002

L5 ANSWER 30 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:508387 BIOSIS
DN PREV200200508387
TI Neomycin leads to a dramatic improvement in IBS symptoms that depend on ***lactulose*** ***breath*** test findings: A double blind randomized placebo controlled study.
AU Pimentel, Mark [Reprint author]; Chow, Evelyn [Reprint author]; Lin, Henry C. [Reprint author]
CS Los Angeles, CA, USA
SO Gastroenterology, (April, 2002) Vol. 122, No. 4 Suppl. 1, pp. A.60. print.
Meeting Info.: Digestive Disease Week and the 103rd Annual Meeting of the American Gastroenterological Association. San Francisco, CA, USA. May 19-22, 2002.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 2 Oct 2002
Last Updated on STN: 2 Oct 2002

L5 ANSWER 31 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:71645 BIOSIS
DN PREV200200071645

TI Small intestinal bacterial overgrowth is associated with irritable bowel syndrome: The cart lands squarely in front of the horse: Response to Drs. Jones et al.
AU Pimentel, Mark [Reprint author]; Lin, Henry C.
CS Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048, USA
SO American Journal of Gastroenterology, (November, 2001) Vol. 96, No. 11, pp. 3204-3205. print.
CODEN: AJGAAR. ISSN: 0002-9270.
DT Letter
LA English
ED Entered STN: 16 Jan 2002
Last Updated on STN: 25 Feb 2002

L5 ANSWER 32 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2001:422533 BIOSIS
DN PREV200100422533
TI Small intestinal bacterial overgrowth and the irritable bowel syndrome.
AU Riordan, Stephen M. [Reprint author]; McIver, Christopher J.; Duncombe, Vic M.; Thomas, Mervyn C.; Nagree, Ammar; Bolin, Terry D.
CS Department of Gastroenterology, The Prince of Wales Hospital, Barker Street, Randwick, NSW, 2031, Australia
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2506-2507. print.
CODEN: AJGAAR. ISSN: 0002-9270.
DT Letter
LA English
ED Entered STN: 5 Sep 2001
Last Updated on STN: 22 Feb 2002

L5 ANSWER 33 OF 136 USPATFULL on STN
AN 2001:131306 USPATFULL
TI Use of methylnaltrexone and related compounds
IN Foss, Joseph F., 4338 N. Clarendon, Apt. 3, Chicago, IL, United States 60613
Roizen, Michael F., 5622 S. Woodlawn Ave., Chicago, IL, United States 60637
Moss, Jonathan, 5827 S. Blackstone, Chicago, IL, United States 60637
Yuan, Chun-Su, 940 E. 55th St., Chicago, IL, United States 60615
Drell, William, 4566 Sherlock Ct., San Diego, CA, United States 92122
PI US 6274591 B1 20010814
AI US 1998-120703 19980722 (9)
RLI Continuation-in-part of Ser. No. US 1997-962742, filed on 3 Nov 1997, now patented, Pat. No. US 5972954
DT Utility
FS GRANTED
LN.CNT 501
INCL INCLM: 514/282.000
NCL NCLM: 514/282.000
IC [7]
ICM: A61K031-448
EXF 514/282
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 34 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 8
AN 2001:116750 BIOSIS
DN PREV200100116750
TI The role of small intestinal bacterial overgrowth, intestinal permeability, endotoxaemia, and tumour necrosis factor alpha in the pathogenesis of non-alcoholic steatohepatitis.

AU Wigg, A. J. [Reprint author]; Roberts-Thomson, I. C.; Dymock, R. B.; McCarthy, P. J.; Grose, R. H.; Cummins, A. G.
CS Unit of Gastroenterology and Hepatology, Flinders Medical Centre, Bedford Park, South Australia, 5042, Australia
alan.wigg@flinders.edu.au
SO Gut, (February, 2001) Vol. 48, No. 2, pp. 206-211. print.
CODEN: GUTTAK. ISSN: 0017-5749..
DT Article
LA English
ED Entered STN: 7 Mar 2001
Last Updated on STN: 15 Feb 2002

L5 ANSWER 35 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 9
AN 2001:223888 BIOSIS
DN PREV200100223888
TI A comparison of ***lactulose*** ***breath*** hydrogen measurements with gut fermentation profiles in patients with fungal-type dysbiosis.
AU Eaton, K. K. [Reprint author]; Chan, R.; Howard, M. A.; McClaren-Howard, J. M.
CS Princess Margaret Hospital, Osborne Road, Windsor, Berks, SL4 3SJ, UK
SO Journal of Nutritional and Environmental Medicine (Abingdon), (March, 2001) Vol. 11, No. 1, pp. 33-42. print.
ISSN: 1359-0847.
DT Article
LA English
ED Entered STN: 9 May 2001
Last Updated on STN: 18 Feb 2002

L5 ANSWER 36 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:178732 BIOSIS
DN PREV200200178732
TI Clinical utility of ***lactulose*** ***breath*** hydrogen testing as a screening test for diabetic gastroparesis.
AU Sood, V. [Reprint author]; Rubinchik, S. [Reprint author]; Burge, M. R. [Reprint author]
CS University of New Mexico School of Medicine, Albuquerque, NM, USA
SO Journal of Investigative Medicine, (January, 2001) Vol. 49, No. 1, pp. 24A. print.
Meeting Info.: Joint Regional Meeting of the Western Section American Federation for Medical Research, the Western Society for Clinical Investigation and the Western Association of Physicians. Carmel, California, USA. February 07-10, 2001. American Federation for Medical Research, Western Section; Western Society for Clinical Investigation; Western Association of Physicians.
ISSN: 1081-5589.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 6 Mar 2002
Last Updated on STN: 6 Mar 2002

L5 ANSWER 37 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:187820 BIOSIS
DN PREV200200187820
TI Evidence of intestinal bacterial overgrowth in patients with non-alcoholic steato-hepatitis.
AU Soza, Alejandro [Reprint author]; Arrese, Marco [Reprint author]; Glasinovic, Juan Carlos [Reprint author]
CS P Catholic Univ, Santiago, Chile
SO Gastroenterology, (April, 2001) Vol. 120, No. 5 Supplement 1, pp. A.118.

print.
Meeting Info.: 102nd Annual Meeting of the American Gastroenterological Association and Digestive Disease Week. Atlanta, Georgia, USA. May 20-23, 2001. American Gastroenterological Association; American Association for the Study of Liver Diseases; American Society for Gastrointestinal Endoscopy; Society for Surgery of the Alimentary Tract.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 13 Mar 2002
Last Updated on STN: 13 Mar 2002

L5 ANSWER 38 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2002:210996 BIOSIS
DN PREV200200210996
TI Probiotics alter the fermentation pattern in patients with inflammatory bowel disease.
AU Butler, Ross N. [Reprint author]; Bourke, Kylie [Reprint author]; Southcott, Emma [Reprint author]; McIntosh, Graham; Moore, David; Davidson, Geoff
CS WCH, Adelaide, Australia
SO Gastroenterology, (April, 2001) Vol. 120, No. 5 Supplement 1, pp. A.266.
print.
Meeting Info.: 102nd Annual Meeting of the American Gastroenterological Association and Digestive Disease Week. Atlanta, Georgia, USA. May 20-23, 2001. American Gastroenterological Association; American Association for the Study of Liver Diseases; American Society for Gastrointestinal Endoscopy; Society for Surgery of the Alimentary Tract.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 27 Mar 2002
Last Updated on STN: 27 Mar 2002

L5 ANSWER 39 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 2000:530700 SCISEARCH
GA The Genuine Article (R) Number: 309RU
TI Metronidazole treatment of bacterial overgrowth in patients with Crohn's disease: Assessment by hydrogen/methane ***lactulose*** ***breath*** test.
AU Castiglione F (Reprint); Blanco G D; Rispo A; Cozzolino A; Cuccaro I; DiGirolamo E; Mazzacca G
CS UNIV NAPLES FEDERICO II, NAPLES, ITALY
CYA ITALY
SO GASTROENTEROLOGY, (APR 2000) Vol. 118, No. 4, Part 1, Supp. [2], pp. 1711-1711.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L5 ANSWER 40 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2000:116733 BIOSIS
DN PREV200000116733
TI Investigation of small-intestinal transit time in normal and malnourished children.

AU Myo-Khin; Bolin, Terry D. [Reprint author]; Tin-Oo; Thein-Win-Nyunt; Kyaw-Hla, S.; Thein-Thein-Myint
CS Gastrointestinal Unit, Prince of Wales Hospital, High Street, Randwick, NSW, 2031, Australia
SO Journal of Gastroenterology, (Dec., 2000) Vol. 34, No. 6, pp. 675-679. print.
ISSN: 0944-1174.
DT Article
LA English
ED Entered STN: 29 Mar 2000
Last Updated on STN: 3 Jan 2002

L5 ANSWER 41 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN DUPLICATE 10
AN 2000:362861 BIOSIS
DN PREV200000362861
TI Variations in colonic H2 and CO2 production as a cause of inadequate diagnosis of carbohydrate maldigestion in breath tests.
AU Koetse, H. A. [Reprint author]; Vonk, R. J.; Pasterkamp, S.; Pal, J.; de Bruijn, S.; Stellaard, F.
CS Beatrix Children's Hospital, University Hospital Groningen, NL-9700 RB, Groningen, Netherlands
SO Scandinavian Journal of Gastroenterology, (June, 2000) Vol. 35, No. 6, pp. 607-611. print.
CODEN: SJGRA4. ISSN: 0036-5521.
DT Article
LA English
ED Entered STN: 23 Aug 2000
Last Updated on STN: 8 Jan 2002

L5 ANSWER 42 OF 136 CAPLUS COPYRIGHT 2004 ACS on STN DUPLICATE 11
AN 2000:460006 CAPLUS
DN 134:69658
TI ·Potato- ***lactulose*** ***breath*** hydrogen testing as a function of gastric motility in diabetes mellitus
AU Burge, Mark R.; Tuttle, Marks S.; Violett, Jodi L.; Stephenson, Christopher L.; Schade, David S.
CS Department of Medicine and Endocrinology, University of New Mexico School of Medicine, Albuquerque, NM, USA
SO Diabetes Technology & Therapeutics (2000), 2(2), 241-248
CODEN: DTTHFH; ISSN: 1520-9156
PB Mary Ann Liebert, Inc.
DT Journal
LA English
RE.CNT 24 THERE ARE 24 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L5 ANSWER 43 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2000:482658 BIOSIS
DN PREV200000482658
TI Small bowel bacterial overgrowth in severely malnourished Filipino children using breath hydrogen tests.
AU Guno, Mary Jean V. [Reprint author]; Nolasco, Estela P. [Reprint author]; Rogacion, Jossie M. [Reprint author]; Sio, Juliet O. [Reprint author]; Martinez, Elizabeth G. [Reprint author]
CS Department of Pediatrics, Philippine General Hospital, University of the Philippines, Manila, Philippines
SO JPGN, (2000) Vol. 31, No. Supplement 2, pp. S240. print.
Meeting Info.: World Congress of Pediatric Gastroenterology, Hepatology, and Nutrition. Boston, Massachusetts, USA. August 05-09, 2000.
DT Conference; (Meeting)

Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 8 Nov 2000
Last Updated on STN: 10 Jan 2002

L5 ANSWER 44 OF 136 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN DUPLICATE 12
AN 1999436770 EMBASE
TI Changes in intestinal transit time after proctocolectomy assessed by the ***lactulose*** ***breath*** test.
AU Bruewer M.; Stern J.; Herrmann S.; Senninger N.; Herfarth C.; Nelson R.L.
CS Dr. J. Stern, Department of Surgery, University of Heidelberg, Im Neuenheimer Feld 110, 69120 Heidelberg, Germany
SO World Journal of Surgery, (2000) 24/1 (119-124).
Refs: 34
ISSN: 0364-2313 CODEN: WJSUDI
CY United States
DT Journal; Article
FS 009 Surgery
LA English
SL English; French; Spanish

L5 ANSWER 45 OF 136 CABA COPYRIGHT 2004 CABI on STN DUPLICATE 13
AN 2001:91906 CABA
DN 20013078851
TI Orocecal transit time and bacterial overgrowth in patients with Crohn's disease
AU Castiglione, F.; Blanco, G. del V.; Rispo, A.; Petrelli, G.; Amalfi, G.; Cozzolino, A.; Cuccaro, I.; Mazzacca, G.; del V. Blanco, G.
CS Cattedra di Gastroenterologia, Facolta di Medicina e Chirurgia, Universita Federico II, Via S. Pansini 5, 80131 Naples, Italy.
SO Journal of Clinical Gastroenterology, (2000) Vol. 31, No. 1, pp. 63-66. 34 ref.
Publisher: Lippincott Williams & Wilkins. Hagerstown
ISSN: 0192-0790
CY United States
DT Journal
LA English
ED Entered STN: 20010906
Last Updated on STN: 20010906

L5 ANSWER 46 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2001:18228 BIOSIS
DN PREV200100018228
TI Metronidazole treatment of bacterial overgrowth in patients with Crohn's Disease: Assessment by hydrogen/methane ***lactulose*** ***breath*** test.
AU Castiglione, F. [Reprint author]; Del Vecchio Blanco, G. [Reprint author]; Rispo, A. [Reprint author]; Cozzolino, A. [Reprint author]; Di Girolamo, E. [Reprint author]; Cuccaro, I. [Reprint author]; Mazzacca, G. [Reprint author]
CS Cattedra di Gastroenterologia, Facolta di Medicina, Universita "Federico II", Naples, Italy
SO Digestive and Liver Disease, (May, 2000) Vol. 32, No. Supplement 1, pp. A51. print.
Meeting Info.: International Meeting on Inflammatory Bowel Diseases. Capri, Italy. June 18-21, 2000.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 27 Dec 2000

Last Updated on STN: 27 Dec 2000

L5 ANSWER 47 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2000:282868 BIOSIS
DN PREV200000282868
TI Orocecal transit time in gallstone patients and in obese patients before and after very low calorie diet.
AU Villanova, Nicola [Reprint author]; Ventrucci, Maurizio; Festi, Davide; Colecchia, Antonio; Cornia, Gian Luca; Azzaroli, Francesco; Mazzella, Giuseppe; Roda, Enrico
CS Univ of Bologna, Bologna, Italy
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 2, pp. AASLD A149. print.
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA. May 21-24, 2000. American Gastroenterological Association.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 6 Jul 2000
Last Updated on STN: 7 Jan 2002

L5 ANSWER 48 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2000:257367 BIOSIS
DN PREV200000257367
TI Slowing of intestinal transit by oleate in the rat is abolished by luminal Ondansetron, a 5-HT3 receptor antagonist.
AU Lin, Henry C. [Reprint author]; Perdomo, Oscar L. [Reprint author]; Fisher, Henry A. [Reprint author]
CS Cedars-Sinai Med Ctr, Los Angeles, CA, USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A636. print.
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA. May 21-24, 2000. American Gastroenterological Association.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 21 Jun 2000
Last Updated on STN: 5 Jan 2002

L5 ANSWER 49 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2000:262098 BIOSIS
DN PREV200000262098
TI Metronidazole treatment of bacterial overgrowth in patients with Crohn's disease: Assessment by hydrogen/methane ***lactulose*** ***breath*** test.
AU Castiglione, Fabiana [Reprint author]; Blanco, Giovanna Del Vecchio [Reprint author]; Rispo, Antonio [Reprint author]; Cozzolino, Antonio [Reprint author]; Cuccaro, Iolanda [Reprint author]; Di Girolamo, Elena [Reprint author]; Mazzacca, Gabriele [Reprint author]
CS Fed II Univ, Napoli, Italy
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A311. print.
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA. May 21-24, 2000. American Gastroenterological Association.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)

Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 21 Jun 2000
Last Updated on STN: 5 Jan 2002

L5 ANSWER 50 OF 136 USPATFULL on STN
AN 1999:137324 USPATFULL
TI Methods and compositions for improving digestion and absorption in the small intestine
IN Lin, Henry C., Manhattan Beach, CA, United States
PA Cedars-Sinai Medical Center, Los Angeles, CA, United States (U.S. corporation)
PI US 5977175 19991102
AI US 1997-832307 19970403 (8)
RLI Continuation of Ser. No. US 1995-442843, filed on 17 May 1995, now abandoned
DT Utility
FS Granted
LN.CNT 1350
INCL INCLM: 514/558.000
INCLS: 424/457.000; 424/458.000; 424/489.000; 424/498.000; 514/549.000; 514/552.000; 514/560.000; 514/784.000; 514/785.000; 514/786.000
NCL NCLM: 514/558.000
NCLS: 424/457.000; 424/458.000; 424/489.000; 424/498.000; 514/549.000; 514/552.000; 514/560.000; 514/784.000; 514/785.000; 514/786.000
IC [6]
ICM: A61K031-20
EXF 514/549; 514/552; 514/558; 514/560; 514/784; 514/785; 514/786; 424/457; 424/458; 424/489; 424/498
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 51 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 14
AN 2000:21891 BIOSIS
DN PREV200000021891
TI Effect of small bowel bacterial overgrowth on the immunogenicity of single-dose live oral cholera vaccine CVD 103-HgR.
AU Lagos, Rosanna; Fasano, Alessio; Wasserman, Steven S.; Prado, Valeria; San Martin, Oriana; Abrego, Paulina; Losonsky, Genevieve A.; Alegria, Silvia; Levine, Myron M. [Reprint author]
CS Center for Vaccine Development, University of Maryland School of Medicine, 685 W. Baltimore St., Baltimore, MD, 21201, USA
SO Journal of Infectious Diseases, (Nov., 1999) Vol. 180, No. 5, pp. 1709-1712. print.
CODEN: JIDIAQ. ISSN: 0022-1899.
DT Article
LA English
ED Entered STN: 29 Dec 1999
Last Updated on STN: 31 Dec 2001

L5 ANSWER 52 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1999:331493 BIOSIS
DN PREV199900331493
TI Dyspeptic symptoms are associated with cholecysto-gastric and intestinal motility dysfunction in patients with chronic constipation.
AU Portincasa, Piero [Reprint author]; Altomare, D. F.; Moschetta, A.; Venneman, N. G.; Kotsonis, T.; Palmieri, V.; Rinaldi, M.; van Berge-Henegouwen, G. P.; Palasciano, G.
CS Semeiotica Medla, Bari, Italy
SO Gastroenterology, (April, 1999) Vol. 116, No. 4 PART 2, pp. A1066. print.
Meeting Info.: Digestive Disease Week and the 100th Annual Meeting of the

American Gastroenterological Association. Orlando, Florida, USA. May 16-19, 1999. American Gastroenterological Association.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 24 Aug 1999
Last Updated on STN: 24 Aug 1999

L5 ANSWER 53 OF 136 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN DUPLICATE 15
AN 1999350553 EMBASE
TI [Diagnostic procedures for motility disorders in chronic constipation].
MOTILITATSDIAGNOSTIK BEI CHRONISCHER OBSTIPATION.
AU Schiefer B.; Stange E.F.
CS Dr. B. Schiefer, Medizinische Klinik I, Bereich Gastroenterologie, Medizinische Universitat Lubeck, Ratzeburger Allee 160, D-23538 Lubeck, Germany
SO Zentralblatt fur Chirurgie, (1999) 124/9 (775-783).
Refs: 61
ISSN: 0044-409X CODEN: ZECHAU
CY Germany
DT Journal; Article
FS 006 Internal Medicine
048 Gastroenterology
LA German
SL English; German

L5 ANSWER 54 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN DUPLICATE 16
AN 2000:53143 BIOSIS
DN PREV200000053143
TI Investigation of small-intestinal transit time in normal and malnourished children.
AU Myo-Khin; Bolin, Terry D. [Reprint author]; Tin-Oo; Thein-Win-Nyunt; Kyaw-Hla, S.; Thein-Thein-Myint
CS Gastrointestinal Unit, Prince of Wales Hospital, High Street, Randwick, NSW, Australia
SO Journal of Gastroenterology, (Dec., 1999) Vol. 34, No. 6, pp. 675-679.
print.
ISSN: 0944-1174.
DT Article
LA English
ED Entered STN: 3 Feb 2000
Last Updated on STN: 3 Jan 2002

L5 ANSWER 55 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 1999:482283 SCISEARCH
GA The Genuine Article (R) Number: 194VR
TI Can ***lactulose*** ***breath*** -hydrogen testing be used to screen for diabetic gastroparesis?
AU Burge M R (Reprint); Tuttle M S; Violett J L; Stephenson C L; Schade D S
SO DIABETES, (JUN 1999) Vol. 48, Supp. [1], pp. 260-260.
Publisher: AMER DIABETES ASSOC, 1660 DUKE ST, ALEXANDRIA, VA 22314.
ISSN: 0012-1797.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L5 ANSWER 56 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

DUPLICATE 17
AN 1999:137881 BIOSIS
DN PREV199900137881
TI Effect of intravenous amino acids on interdigestive antroduodenal motility and small bowel transit time.
AU Gielkens, H. A. J.; Van Den Biggelaar, A.; Vecht, J.; Onkenhout, W.; Lamers, C. B. H. W.; Masclee, A. A. M. [Reprint author]
CS Dep. Gastroenterol.-Hepatol., Leiden Univ. Med. Cent., Build. 1, C4-P, PO Box 9600, 2300 RC Leiden, Netherlands
SO Gut, (Feb., 1999) Vol. 44, No. 2, pp. 240-245. print.
CODEN: GUTTAK. ISSN: 0017-5749.
DT Article
LA English
ED Entered STN: 31 Mar 1999
Last Updated on STN: 31 Mar 1999

L5 ANSWER 57 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 18
AN 1999:129786 BIOSIS
DN PREV199900129786
TI ***Lactulose*** ***breath*** hydrogen testing as a measure of gastric motility in diabetes mellitus.
AU Tuttle, M. S.; Violett, J. L.; Stephenson, C. L.; Schade, D. S.; Burge, M. R.
CS Dep. Med., Univ. New Mex. Sch. Med., Albuquerque, NM, USA
SO Journal of Investigative Medicine, (Feb., 1999) Vol. 47, No. 2, pp. 78A. print.
Meeting Info.: Western Regional Meeting of the American Federation for Medical Research. Carmel, California, USA. January 27-30, 1999. American Federation for Medical Research.
ISSN: 1081-5589.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 17 Mar 1999
Last Updated on STN: 17 Mar 1999

L5 ANSWER 58 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1999:362884 BIOSIS
DN PREV199900362884
TI Can ***lactulose*** ***breath*** -hydrogen testing be used to screen for diabetic gastroparesis?.
AU Burge, Mark R. [Reprint author]; Tuttle, M. S. [Reprint author]; Violett, J. L. [Reprint author]; Stephenson, C. L. [Reprint author]; Schade, D. S. [Reprint author]
CS Albuquerque, NM, USA
SO Diabetes, (1999) Vol. 48, No. SUPPL. 1, pp. A61. print.
Meeting Info.: 59th Scientific Sessions of the American Diabetes Association. San Diego, California, USA. June 19-22, 1999. American Diabetes Association.
CODEN: DIAEAZ. ISSN: 0012-1797.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 2 Sep 1999
Last Updated on STN: 2 Sep 1999

L5 ANSWER 59 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 19
AN 1998:493103 BIOSIS
DN PREV199800493103

TI Abnormal colonic fermentation in irritable bowel syndrome.
AU King, T. S.; Elia, M.; Hunter, J. O. [Reprint author]
CS Dep. Gastroenterol., Addenbrooke's Hosp., Cambridge CB2 2QQ, UK
SO Lancet (North American Edition), (Oct. 10, 1998) Vol. 352, No. 9135, pp. 1187-1189. print.
ISSN: 0099-5355.
DT Article
LA English
ED Entered STN: 18 Nov 1998
Last Updated on STN: 18 Nov 1998

L5 ANSWER 60 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN DUPLICATE 20
AN 1998:316470 BIOSIS
DN PREV199800316470
TI Effect of capsaicin-containing red pepper sauce suspension on upper gastrointestinal motility in healthy volunteers.
AU Gonzalez, R.; Dunkel, R.; Koletzko, B.; Schusdziarra, V.; Allescher, H. D. [Reprint author]
CS II. Medizinische Klinik Poliklinik der TU Muenchen, Klinikum rechts der Isar, Ismaningerstr. 22, 81675 Muenchen, Germany
SO Digestive Diseases and Sciences, (June, 1998) Vol. 43, No. 6, pp. 1165-1171. print.
CODEN: DDSCDJ. ISSN: 0163-2116.
DT Article
LA English
ED Entered STN: 22 Jul 1998
Last Updated on STN: 22 Jul 1998

L5 ANSWER 61 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 1998:904009 SCISEARCH
GA The Genuine Article (R) Number: 140MH
TI Influence of the substrate on the reproducibility of the hydrogen breath test to measure the orocecal transit time
AU Casellas F (Reprint); Malagelada J R
CS HOSP GEN VALLE HEBRON, DIGEST SYST RES UNIT, PSO VALL HEBRON 119, E-08035 BARCELONA, SPAIN (Reprint)
CYA SPAIN
SO DIGESTION, (NOV-DEC 1998) Vol. 59, No. 6, pp. 696-702.
Publisher: KARGER, ALLSCHWILERSTRASSE 10, CH-4009 BASEL, SWITZERLAND.
ISSN: 0012-2823.
DT Article; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 40
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

L5 ANSWER 62 OF 136 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN DUPLICATE 21
AN 1998258392 EMBASE
TI Effect of metformin on bile salt circulation and intestinal motility in type 2 diabetes mellitus.
AU Scarpello J.H.B.; Hodgson E.; Howlett H.C.S.
CS Dr. J.H.B. Scarpello, Dept. of Diabetes/Endocrinology, City General Hospital, Toke on Trent, Staffordshire ST4 6QG, United Kingdom
SO Diabetic Medicine, (1998) 15/8 (651-656).
Refs: 28
ISSN: 0742-3071 CODEN: DIMEEV
CY United Kingdom
DT Journal; Article
FS 006 Internal Medicine

030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English

L5 ANSWER 63 OF 136 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1999:168508 CAPLUS
DN 131:4622
TI Nutritional Assessment by means of breath-pathobiochemistry: oligosaccharide metabolism in intestinal bacterial flora
AU Kawai, Satoru; Shinno, Eiji; Kuwabara, Yoshihiro; Watanabe, Akiharu
CS The Third Department of Internal Medicine, Toyama Medical and Pharmaceutical University, Japan
SO Eiyo: Hyoka to Chiryo (1998), 15(4), 417-422
CODEN: EHCHES; ISSN: 0915-759X
PB Medikaru Rebyusha
DT Journal
LA Japanese

L5 ANSWER 64 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 22
AN 1998:118755 BIOSIS
DN PREV199800118755
TI Drug-induced hypochlorhydria causes high duodenal bacterial counts in the elderly.
AU Pereira, S. P.; Gainsborough, N.; Dowling, R. H. [Reprint author]
CS Gastroenterol. Unit, 18th Floor, Guy's Tower, Guy's Hosp., London Bridge, London SE1 9RT, UK
SO Alimentary Pharmacology and Therapeutics, (Jan., 1998) Vol. 12, No. 1, pp. 99-104. print.
CODEN: APTHEN. ISSN: 0269-2813.
DT Article
LA English
ED Entered STN: 5 Mar 1998
Last Updated on STN: 5 Mar 1998

L5 ANSWER 65 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 23
AN 1998:359227 BIOSIS
DN PREV199800359227
TI Digestion of human milk oligosaccharides by healthy infants evaluated by the lactulose hydrogen breath test.
AU Brand-Miller, Janette C. [Reprint author]; McVeagh, Patricia; McNeil, Yvette; Messer, Michael
CS Human Nutrition Unit, Dep. Biochemistry, Univ. Sydney, NSW 2006, Australia
SO Journal of Pediatrics, (July, 1998) Vol. 133, No. 1, pp. 95-98. print.
CODEN: JOPDAB. ISSN: 0022-3476.
DT Article
LA English
ED Entered STN: 27 Aug 1998
Last Updated on STN: 27 Aug 1998

L5 ANSWER 66 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 24
AN 1998:132894 BIOSIS
DN PREV199800132894
TI Bacterial overgrowth, intestinal transit, and nutrition after total gastrectomy: Comparison of a jejunal pouch with Roux-en Y reconstruction in a prospective random study.
AU Iivonen, M. K. [Reprint author]; Ahola, T. O.; Matikainen, M. J.

CS Dep. Surg., Kanta-Hame Central Hosp., FIN-13530 Hameenlinna, Finland
SO Scandinavian Journal of Gastroenterology, (Jan., 1998) Vol. 33, No. 1, pp. 63-70. print.
CODEN: SJGRA4. ISSN: 0036-5521.
DT Article
LA English
ED Entered STN: 20 Mar 1998
Last Updated on STN: 20 Mar 1998

L5 ANSWER 67 OF 136 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1999:173848 CAPLUS
DN 130:349113
TI Optimal conditions for fluoroscopic determination of oro-cecal transit time: comparison among several radiopaque markers and correlation with ***lactulose*** ***breath*** test.
AU Ohbayashi, Takeharu; Hoshino, Etsuo; Suzuki, Daisuke; Tatewaki, Makoto; Mogi, Hideto; Shirai, Yuko; Takazoe, Masakazu
CS Department of Medicine, Teikyo University School of Medicine, Japan
SO Shoka to Kyushu (1998), 21(2), 41-44
CODEN: SHKYEZ; ISSN: 0389-3626
PB Nippon Shoka Kyushu Gakkai
DT Journal
LA Japanese

L5 ANSWER 68 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 25
AN 1997:412228 BIOSIS
DN PREV199799704271
TI Influence of alcohol on gastrointestinal motility:: ***Lactulose*** ***breath*** hydrogen testing in orocecal transit time in chronic alcoholics, social drinkers and teetotaler subjects.
AU Addolorato, Giovanni [Reprint author]; Capristo, Massimo Esmeralda; Certo, Maria; Fedeli, Giuseppe; Gentiloni, Nicola; Stefanini, Giuseppe F.; Gasbarrini, Givanni
CS Cattedra Med. Interna, Univ. Cattolica del Sacro Cuore, Largo A. Gemelli 8, 00168 Rome, Italy
SO Hepato-Gastroenterology, (1997) Vol. 44, No. 16, pp. 1076-1081.
CODEN: HEGAD4. ISSN: 0172-6390.
DT Article
LA English
ED Entered STN: 24 Sep 1997
Last Updated on STN: 24 Sep 1997

L5 ANSWER 69 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1997:279859 BIOSIS
DN PREV199799579062
TI Lactulose causes an important and unpredictable acceleration of the orocaecal transit time.
AU Geypens, B.; Peeters, M.; Evenepoel, P.; Maes, B.; Luypaerts, A.; Rutgeerts, P.; Ghoos, Y.
CS Centre for G.I. Res., Univ. Leuven, Leuven, Belgium
SO Gastroenterology, (1997) Vol. 112, No. 4 SUPPL., pp. A735.
Meeting Info.: Digestive Disease Week and the 97th Annual Meeting of the American Gastroenterological Association. Washington, D.C., USA. May 11-14, 1997.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 3 Jul 1997
Last Updated on STN: 3 Jul 1997

L5 ANSWER 70 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 26
AN 1997:450812 BIOSIS
DN PREV199799750015
TI Is the effect of acute hyperglycaemia on interdigestive antroduodenal motility and small-bowel transit mediated by insulin?.
AU Gielkens, H. A. J.; Verkijk, M.; Froelich, M.; Lamers, C. B. H. W.; Masclee, A. A. M. [Reprint author]
CS Dep. Gastroenterol.-Hepatol., Leiden Univ. Med. Cent., Building 1, C4-P, PO Box 9600, 2300 RC Leiden, Netherlands
SO European Journal of Clinical Investigation, (1997) Vol. 27, No. 8, pp. 703-710.
CODEN: EJCIB8. ISSN: 0014-2972.
DT Article
LA English
ED Entered STN: 27 Oct 1997
Last Updated on STN: 27 Oct 1997

L5 ANSWER 71 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 97:340842 SCISEARCH
GA The Genuine Article (R) Number: WW074
TI Effect of codeine on gastrointestinal motility in relation to CYP2D6 phenotype
AU Mikus G (Reprint); Trausch B; Rodewald C; Hofmann U; Richter K; Gramatte T; Eichelbaum M
CS DR MARGARETE FISCHER BOSCH INST CLIN PHARMACOL, AUERBACHSTR 112, D-70376 STUTTGART, GERMANY (Reprint); TECH UNIV DRESDEN, INST KLIN PHARMAKOL, D-8027 DRESDEN, GERMANY
CYA GERMANY
SO CLINICAL PHARMACOLOGY & THERAPEUTICS, (APR 1997) Vol. 61, No. 4, pp. 459-466.
Publisher: MOSBY-YEAR BOOK INC, 11830 WESTLINE INDUSTRIAL DR, ST LOUIS, MO 63146-3318.
ISSN: 0009-9236.
DT Article; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 33
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

L5 ANSWER 72 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 27
AN 1997:443335 BIOSIS
DN PREV199799742538
TI The clinical pharmacology of single doses of otilonium bromide in healthy volunteers.
AU Sutton, J. A. [Reprint author]; Kilminster, S. G.; Mould, G. P.
CS Guildford Clin. Pharmacol. Unit, Royal Surrey County Hosp., Guildford GU2 5XX, Surrey, UK
SO European Journal of Clinical Pharmacology, (1997) Vol. 52, No. 5, pp. 365-369.
CODEN: EJCPAS. ISSN: 0031-6970.
DT Article
LA English
ED Entered STN: 8 Oct 1997
Last Updated on STN: 21 Nov 1997

L5 ANSWER 73 OF 136 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1997:376061 CAPLUS
DN 127:60014

TI Disaccharide metabolism in hepatic encephalopathy. Breath hydrogen and methane excretion
AU Watanabe, Akiharu; Kawai, Satoru
CS Third Department of Internal Medicine, Toyama Medical and Pharmaceutical University, Japan
SO Pharma Medica (1997), 15(4), 191-201
CODEN: PMEDEC; ISSN: 0289-5803
PB Medikaru Rebyusha
DT Journal; General Review
LA Japanese

L5 ANSWER 74 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN DUPLICATE 28
AN 1997:129252 BIOSIS
DN PREV199799421065
TI Comparison of scintigraphy and ***lactulose*** ***breath*** hydrogen test for assessment of orocecal transit: Lactulose accelerates small bowel transit.
AU Miller, Mark A.; Parkman, Henry P. [Reprint author]; Urbain, Jean-Luc C.; Brown, Kevin L.; Donahue, Daniel J.; Knight, Linda C.; Maurer, Alan H.; Fisher, Robert S.
CS Gastrointestinal Sect., Dep. Med., Temple Univ. Hosp., 3401 N. Broad St., Philadelphia, PA 19140, USA
SO Digestive Diseases and Sciences, (1997) Vol. 42, No. 1, pp. 10-18.
CODEN: DDSCDJ. ISSN: 0163-2116.
DT Article
LA English
ED Entered STN: 25 Mar 1997
Last Updated on STN: 25 Mar 1997

L5 ANSWER 75 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN DUPLICATE 29
AN 1996:482079 BIOSIS
DN PREV199699197335
TI The ***lactulose*** ***breath*** hydrogen test and small intestinal bacterial overgrowth.
AU Riordan, Stephen M.; McIver, Christopher J. [Reprint author]; Walker, Brenda M.; Duncombe, V. M.; Bolin, Terry D.; Thomas, Mervyn C.
CS Dep. Microbiol., Prince of Wales Hosp., High and Avoca Sts., Randwick 2031, NSW, Australia
SO American Journal of Gastroenterology, (1996) Vol. 91, No. 9, pp. 1795-1803.
CODEN: AJGAAR. ISSN: 0002-9270.
DT Article
LA English
ED Entered STN: 24 Oct 1996
Last Updated on STN: 24 Oct 1996

L5 ANSWER 76 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN DUPLICATE 30
AN 1996:409362 BIOSIS
DN PREV199699131718
TI Relations between transit time, fermentation products, and hydrogen consuming flora in healthy humans.
AU El Oufir, L.; Flourie, B.; Des Varannes, S. Bruley; Barry, J. L.; Cloarec, D.; Bornet, F.; Galmiche, J. P. [Reprint author]
CS Lab. Fonctions Digestives Nutr., CHU, 44035 Nantes, France
SO Gut, (1996) Vol. 38, No. 6, pp. 870-877.
CODEN: GUTTAK. ISSN: 0017-5749.
DT Article
LA English

ED Entered STN: 10 Sep 1996
Last Updated on STN: 10 Sep 1996

L5 ANSWER 77 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 31
AN 1996:459399 BIOSIS
DN PREV199699181755
TI Bowel habit after cholecystectomy: Physiological changes and clinical implications.
AU Fort, Jose Manuel; Azpiroz, Fernando [Reprint author]; Casellas, Francesc; Andreu, Jordi; Malagelada, Juan-R.
CS Digestive System Research Unit, Hosp. General Vall d'Hebron, 08035 Barcelona, Spain
SO Gastroenterology, (1996) Vol. 111, No. 3, pp. 617-622.
CODEN: GASTAB. ISSN: 0016-5085.
DT Article
LA English
ED Entered STN: 11 Oct 1996
Last Updated on STN: 11 Oct 1996

L5 ANSWER 78 OF 136 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN DUPLICATE 32
AN 96081620 EMBASE
DN 1996081620
TI Effects of vection-induced motion sickness on gastric myoelectric activity and oral-cecal transit time.
AU Muth E.R.; Stern R.M.; Koch K.L.
CS Gastroenterology, Hershey Medical Center, Box 850,Hershey, PA 17033-0850, United States
SO Digestive Diseases and Sciences, (1996) 41/2 (330-334).
ISSN: 0163-2116 CODEN: DDSCDJ
CY United States
DT Journal; Article
FS 002 Physiology
048 Gastroenterology
LA English
SL English

L5 ANSWER 79 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 33
AN 1996:322673 BIOSIS
DN PREV199699045029
TI Assessment of orocaecal transit time in cats by the breath hydrogen method: The effects of sedation and a comparison of definitions.
AU Sparkes, A. H.; Papasouliotis, K.; Viner, V.; Cripps, P. J.; Gruffydd-Jones, T. J.
CS Feline Centre, Dep. Clinical Vet. Sci., Univ. Bristol, Langford House, Langford, Bristol BS18 7DU, UK
SO Research in Veterinary Science, (1996) Vol. 60, No. 3, pp. 243-246.
CODEN: RVTSA9. ISSN: 0034-5288.
DT Article
LA English
ED Entered STN: 11 Jul 1996
Last Updated on STN: 11 Jul 1996

L5 ANSWER 80 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 34
AN 1996:33265 BIOSIS
DN PREV199698605400
TI D-xylose hydrogen breath tests compared to absorption kinetics in human patients with and without malabsorption.

AU Carlson, Stephen; Craig, Robert M. [Reprint author]
CS Northwestern University Med. Sch., Searle 1051, 303 E. Chicago, Chicago, IL 60612, USA
SO Digestive Diseases and Sciences, (1995) Vol. 40, No. 10, pp. 2259-2267.
CODEN: DDSCDJ. ISSN: 0163-2116.
DT Article
LA English
ED Entered STN: 26 Jan 1996
Last Updated on STN: 27 Jan 1996

L5 ANSWER 81 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1995:280158 BIOSIS
DN PREV199598294458
TI The ***lactulose*** ***breath*** test is not a physiologic standard for orocecal transit: Lactulose delays gastric emptying and accelerates small bowel transit.
AU Miller, M. A.; Parkman, H. P.; Brown, K. L.; Donahue, D. J.; Knight, L. C.; Urbain, J.-L.; Maurer, A. H.; Fisher, R. S.
CS Temple Univ. Sch. Med., Philadelphia, PA, USA
SO Gastroenterology, (1995) Vol. 108, No. 4 SUPPL., pp. A650.
Meeting Info.: 95th Annual Meeting of the American Gastroenterological Association and Digestive Disease Week. San Diego, California, USA. May 14-17, 1995.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 5 Jul 1995
Last Updated on STN: 5 Jul 1995

L5 ANSWER 82 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 95:647077 SCISEARCH
GA The Genuine Article (R) Number: QT863
TI THE ***LACTULOSE*** ***BREATH*** TEST IS NOT A PHYSIOLOGICAL STANDARD FOR OROCECAL TRANSIT - LACTULOSE DELAYS GASTRIC-EMPTYING AND ACCELERATES SMALL-BOWEL TRANSIT
AU MILLER M A (Reprint); PARKMAN H P; BROWN K L; DONAHUE D J; KNIGHT L C; URBAIN J L; MAURER A H; FISHER R S
CS TEMPLE UNIV, HLTH SCI CTR, SCH MED, PHILADELPHIA, PA, 19140
CYA USA
SO GASTROENTEROLOGY, (APR 1995) Vol. 108, No. 4, Supp. S, pp. A650.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L5 ANSWER 83 OF 136 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN DUPLICATE 35
AN 95290134 EMBASE
DN 1995290134
TI Measurement of transit disorders in different gastrointestinal segments of patients with diabetes mellitus in relation to duration and severity of the disease by use of the metal-detector test.
AU Folwaczny C.; Hundegger K.; Volger C.; Sorodoc J.; Kuhn M.; Tatsch K.; Landgraf R.; Karbach U.
CS Medizinische Klinik, Klinikum Innenstadt, Ludwig-Maximilians-Universitat, Ziemssenstrasse 1,80336 Munchen, Germany
SO Zeitschrift fur Gastroenterologie, (1995) 33/9 (517-526).
ISSN: 0044-2771 CODEN: ZGASAX
CY Germany

DT Journal; Article
FS 003 Endocrinology
006 Internal Medicine
028 Urology and Nephrology
048 Gastroenterology
LA English
SL English; German

L5 ANSWER 84 OF 136 CABA COPYRIGHT 2004 CABI on STN DUPLICATE 36
AN 96:24053 CABA
DN 19961400876
TI Lactose breath test during neonatal period
Significato del breath test al lattosio in eta neonatale
AU Laforgia, N.; Benedetti, G.; Altavilla, T.; Baldassarre, M. E.; Grassi, A.; Bonsante, F.; Mautone, A.
CS Universita degli Studi, Bari Dipartimento di Biomedicina dell'Eta Evolutiva, Universita degli Studi, Policlinico, Piazza G. Cesare 70124 Bari, Italy.
SO Minerva Pediatrica, (1995) Vol. 47, No. 10, pp. 433-436. 17 ref.
ISSN: 0026-4946
DT Journal
LA Italian
SL English
ED Entered STN: 19960216
Last Updated on STN: 19960216

L5 ANSWER 85 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN DUPLICATE 37
AN 1996:152465 BIOSIS
DN PREV199698724600
TI Abnormal colonic transit time in untreated celiac sprue.
AU Bai, J. C. [Reprint author]; Maurino, E.; Martinez, C.; Vazquez, H.; Niveloni, Sonia; Soifer, Graciela; Flores, D.; Boerr, L. A.
CS Uriburu 346, 1846 Adrogue, Buenos Aires, Argentina
SO Acta Gastroenterologica Latinoamericana, (1995) Vol. 25, No. 5, pp. 277-284.
CODEN: AGLTBL. ISSN: 0300-9033.
DT Article
LA English
ED Entered STN: 11 Apr 1996
Last Updated on STN: 11 Apr 1996

L5 ANSWER 86 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 95:68638 SCISEARCH
GA The Genuine Article (R) Number: QB237
TI PHARMACOKINETIC CONSIDERATIONS IN GASTROINTESTINAL MOTOR DISORDERS
AU HEBBARD G S (Reprint); SUN W M; BOCHNER F; HOROWITZ M
CS UNIV ADELAIDE, ROYAL ADELAIDE HOSP, DEPT MED, NORTH TERRACE, ADELAIDE, SA 5000, AUSTRALIA (Reprint); UNIV ADELAIDE, ROYAL ADELAIDE HOSP, DEPT PHARMACOL, ADELAIDE, SA 5000, AUSTRALIA
CYA AUSTRALIA
SO CLINICAL PHARMACOKINETICS, (JAN 1995) Vol. 28, No. 1, pp. 41-66.
ISSN: 0312-5963.
DT General Review; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 244
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

L5 ANSWER 87 OF 136 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1995:235821 CAPLUS

DN 122:4627
TI The possible role of breath methane measurement in detecting carbohydrate malabsorption
AU Corazza, Gino Roberto; Benati, Giuseppe; Strocchi, Alessandra; Malservisi, Simona; Gasbarrini, Giovanni
CS First Department of Medical Pathology, University of Bologna, Bologna, Italy
SO Journal of Laboratory and Clinical Medicine (1994), 124(5), 695-700
CODEN: JLCMAK; ISSN: 0022-2143
DT Journal
LA English

L5 ANSWER 88 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1994:285984 BIOSIS
DN PREV199497298984
TI Effects of changes in transit time on the fecal flora and its metabolic activity.
AU El Oufir, L. [Reprint author]; Flourie, B.; Barry, J. L.; Bruley Des Varannes, S.; Bornet, F.; Galmiche, J. P.
CS Equipe Fonctions Digestives et Nutrition, CHU Nord et INRA, 44000 Nantes, France
SO Gastroenterology, (1994) Vol. 106, No. 4 SUPPL., pp. A605.
Meeting Info.: 95th Annual Meeting of the American Gastroenterological Association. New Orleans, Louisiana, USA. May 15-18, 1994.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 30 Jun 1994
Last Updated on STN: 24 Aug 1994

L5 ANSWER 89 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 38
AN 1994:107128 BIOSIS
DN PREV199497120128
TI Hyperglycemia modulates gallbladder motility and small intestinal transit time in man.
AU De Boer, S. Y.; Masclee, A. A. M.; Lam, W. F.; Schipper, J.; Jansen, J. B. M. J.; Lamers, C. B. H. W.
CS Dep. Gastroenterolgy-Hepatology, Univ. Hosp., Build. 1, C4-P, P.O. Box 9600, 2300 RC Leiden, Netherlands
SO Digestive Diseases and Sciences, (1993) Vol. 38, No. 12, pp. 2228-2235.
CODEN: DDSCDJ. ISSN: 0163-2116.
DT Article
LA English
ED Entered STN: 14 Mar 1994
Last Updated on STN: 15 Mar 1994

L5 ANSWER 90 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1993:310922 BIOSIS
DN PREV199345017447
TI An appraisal of the fasting breath hydrogen concentration and the 10g ***lactulose*** ***breath*** hydrogen test in culture-proven small intestinal bacterial colonisation.
AU Riordan, S. M. [Reprint author]; McIver, C. J.; Duncombe, V. M.; Bolin, T. D.
CS Dep. Gastroenterology, Prince of Wales Hosp., Sydney, Australia
SO Gastroenterology, (1993) Vol. 104, No. 4 SUPPL., pp. A274.
Meeting Info.: 94th Annual Meeting of the American Gastroenterological Association. Boston, Massachusetts, USA. May 15-21, 1993.
CODEN: GASTAB. ISSN: 0016-5085.

DT Conference; (Meeting)
LA English
ED Entered STN: 30 Jun 1993
Last Updated on STN: 8 Aug 1993

L5 ANSWER 91 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 93:262077 SCISEARCH
GA The Genuine Article (R) Number: KX957
TI AN APPRAISAL OF THE FASTING BREATH HYDROGEN CONCENTRATION AND THE 10G ***LACTULOSE*** ***BREATH*** HYDROGEN TEST IN CULTURE-PROVEN SMALL INTESTINAL BACTERIAL-COLONIZATION
AU RIORDAN S M (Reprint); MCIVER C J; DUNCOMBE V M; BOLIN T D
CS PRINCE WALES HOSP, DEPT GASTROENTEROL, SYDNEY, NSW, AUSTRALIA; PRINCE WALES HOSP, DEPT MICROBIOL, SYDNEY, NSW, AUSTRALIA
CYA AUSTRALIA
SO GASTROENTEROLOGY, (APR 1993) Vol. 104, No. 4, Supp. S, pp. A274.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 2

L5 ANSWER 92 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 39
AN 1993:346145 BIOSIS
DN PREV199396043145
TI Effect of a liquid diet with and without soluble fiber supplementation on intestinal transit and cholecystokinin release in volunteers.
AU Meier, Remy [Reprint author]; Beglinger, C.; Schneider, H.; Rowedder, A.; Gyr, K.
CS Kantonsspital, Gastroenterol., CH-4410 Liestal, Switzerland
SO Journal of Parenteral and Enteral Nutrition, (1993) Vol. 17, No. 3, pp. 231-235.
CODEN: JPENDU. ISSN: 0148-6071.
DT Article
LA English
ED Entered STN: 26 Jul 1993
Last Updated on STN: 27 Jul 1993

L5 ANSWER 93 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 40
AN 1992:387925 BIOSIS
DN PREV199294060100; BA94:60100
TI EVIDENCE FOR COLONIC CONSERVATION OF MALABSORBED CARBOHYDRATE IN SHORT BOWEL SYNDROME.
AU ROYALL D [Reprint author]; WOLEVER T M S; JEEJEEBHOY K N
CS FAC MED, MED SCI BUILD, ROOM 6352, UNIV TORONTO, TORONTO, ONTARIO, CANADA M5A 2P4
SO American Journal of Gastroenterology, (1992) Vol. 87, No. 6, pp. 751-756.
CODEN: AJGAAR. ISSN: 0002-9270.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 24 Aug 1992
Last Updated on STN: 24 Aug 1992

L5 ANSWER 94 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1992:359076 BIOSIS
DN PREV199243037226; BR43:37226
TI BLOOD GLUCOSE MODULATES GALLBLADDER MOTILITY AND SMALL INTESTINAL TRANSIT TIME.

AU DE BOER S Y [Reprint author]; MASCLEE A A M; LAM W F; SCHIPPER J; LAMERS C B H W
CS DEP GASTROENTEROL-HEPATOL, UNIV HOSP LEIDEN, NETH
SO Gastroenterology, (1992) Vol. 102, No. 4 PART 2, pp. A549.
Meeting Info.: DIGESTIVE DISEASE WEEK AND THE 93RD ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION, SAN FRANCISCO, CALIFORNIA, USA, MAY 9-15, 1992. GASTROENTEROLOGY.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
FS BR
LA ENGLISH
ED Entered STN: 30 Jul 1992
Last Updated on STN: 30 Jul 1992

L5 ANSWER 95 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 92:349814 SCISEARCH
GA The Genuine Article (R) Number: HX083
TI EFFECTS OF ACETORPHAN, AND ANTIDIARRHEAL ENKEPHALINASE INHIBITOR, ON OROCECAL AND COLONIC TRANSIT TIMES IN HEALTHY-VOLUNTEERS
AU BERGMANN J F; CHAUSSADE S; COUTURIER D; BAUMER P; SCHWARTZ J C (Reprint); LECOMTES J M
CS INST NATL SANTE & RECH MED, CTR PAUL BROCA, UNITE NEUROBIOL & PHARMACOL, 2TER RUE ALESIA, F-75014 PARIS, FRANCE; HOP LARIBOISIERE, THERAPEUT CLIN, F-75475 PARIS 10, FRANCE; HOP COCHIN, SERV GASTROENTEROL, F-75674 PARIS 14, FRANCE; INST NATL SANTE & RECH MED, CTR PAUL BROCA, BIOPROJET LAB, F-75014 PARIS, FRANCE
CYA FRANCE
SO ALIMENTARY PHARMACOLOGY & THERAPEUTICS, (JUN 1992) Vol. 6, No. 3, pp. 305-313.
ISSN: 0269-2813.
DT Article; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 35 Keyed
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

L5 ANSWER 96 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1992:255808 BIOSIS
DN PREV199293132133; BA93:132133
TI INTESTINAL PERMEABILITY TO CHROMIUM-51 EDTA AND OROCECAL TRANSIT TIME IN CYSTIC FIBROSIS.
AU ESCOBAR H [Reprint author]; PERDOMO M; VASCONEZ F; CAMARERO C; DEL OLMO M T; SUAREZ L
CS C/JULIO PALACIOS 4-8, 28029 MADRID, SPAIN
SO Journal of Pediatric Gastroenterology and Nutrition, (1992) Vol. 14, No. 2, pp. 204-207.
CODEN: JPGND6. ISSN: 0277-2116.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 23 May 1992
Last Updated on STN: 1 Jul 1992

L5 ANSWER 97 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 41
AN 1992:258970 BIOSIS
DN PREV199293135295; BA93:135295
TI IN-VITRO HYDROGEN PRODUCTION BY ENTERIC BACTERIA CULTURED FROM CHILDREN WITH SMALL BOWEL BACTERIAL OVERGROWTH.
AU KHIN-MAUNG-U T-A [Reprint author]; KU-TIN-MYINT; TIN-OO; MYO-KHIN; THACKWAY S A; CONNOR S J; BOLIN T D; DUNCOMBE V M

CS DEP PEDIATRICS INTERNATIONAL INST INFANT NUTRITION GASTROINTESTINAL DISEASE, HAHNEMANN UNIV MAIL STOP 402, BROAD AND VINE ST, PHILADELPHIA, PA 19102-1192, USA
SO Journal of Pediatric Gastroenterology and Nutrition, (1992) Vol. 14, No. 2, pp. 192-197.
CODEN: JPGND6. ISSN: 0277-2116.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 23 May 1992
Last Updated on STN: 23 May 1992

L5 ANSWER 98 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 42
AN 1992:411668 BIOSIS
DN PREV199294074868; BA94:74868
TI COMPARISON OF AN IN-VITRO FAECAL HYDROGEN TEST WITH THE ***LACTULOSE*** ***BREATH*** TEST ASSESSMENT OF IN-VIVO HYDROGEN-PRODUCING CAPABILITY IN BURMESE VILLAGE CHILDREN.
AU PEREIRA S P [Reprint author]; KHIN-MAUNG-U; DUNCOMBE V M; BOLIN T D; LINKLATER J M
CS DEP PEDIATR, INT INST FOR INFANT NUTRITION GASTROINTESTINAL DIS, HAHNEMANN UNIV, MAIL STOP 402, BROAD AND VINE ST, PHILADELPHIA, PA 19102-1192, USA
SO Annals of Tropical Paediatrics, (1992) Vol. 12, No. 2, pp. 177-183.
ISSN: 0272-4936.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 9 Sep 1992
Last Updated on STN: 10 Nov 1992

L5 ANSWER 99 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 92:466734 SCISEARCH
GA The Genuine Article (R) Number: JG251
TI SIMULTANEOUS NONINVASIVE EVALUATION OF GASTRIC-EMPTYING AND OROCECAL TRANSIT TIMES - USE IN STUDYING THE ACTIONS OF CISAPRIDE IN DIABETIC-PATIENTS
AU BERGMANN J F (Reprint); CHASSANY O; GUILLAUSSEAU P J; BAYLE M; CHAGNON S; CAULIN C; SALLENAVE J R
CS HOP LARIBOISIERE, UNITE RECH THERAPEUT, 2 RUE AMBROISE PARE, F-75475 PARIS 10, FRANCE (Reprint); HOP LARIBOISIERE, DEPT ENDOCRINOL, F-75475 PARIS 10, FRANCE; HOP LARIBOISIERE, DEPT PHARM, F-75475 PARIS 10, FRANCE; HOP LARIBOISIERE, DEPT RADIOL, F-75475 PARIS 10, FRANCE; JANSSEN LABS, BOULOGNE, FRANCE
CYA FRANCE
SO EUROPEAN JOURNAL OF CLINICAL PHARMACOLOGY, (AUG 1992) Vol. 43, No. 2, pp. 121-124.
ISSN: 0031-6970.
DT Article; Journal
FS LIFE
LA ENGLISH
REC Reference Count: 28
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

L5 ANSWER 100 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 43
AN 1992:167024 BIOSIS
DN PREV199293089349; BA93:89349
TI SMALL-BOWEL BACTERIAL OVERGROWTH IN ELDERLY PEOPLE CLINICAL SIGNIFICANCE AND RESPONSE TO TREATMENT.
AU HABOUBI N Y [Reprint author]; MONTGOMERY R D

CS NEVILL HALL HOSP, ABERGAVENNY, GWENT NP7 7EG, UK
SO Age and Ageing, (1992) Vol. 21, No. 1, pp. 13-19.
CODEN: AANGAH. ISSN: 0002-0729.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 31 Mar 1992
Last Updated on STN: 31 Mar 1992

L5 ANSWER 101 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1992:109456 BIOSIS
DN PREV199242049456; BR42:49456
TI CHANGE OF INTESTINAL TRANSIT TIME BEFORE AND THREE TIMES AFTER ILEOANAL POUCH PROCEDURE A PROSPECTIVE TRIAL ASSESSED BY THE ***LACTULOSE*** ***BREATH*** TEST.
AU HERMANN S [Reprint author]; STERN J; RAEDSCH R; HERFARTH C
CS CHIRURGISCHE UNIVERSITAETSKLINIK, IM NEUNEHEIMER FELD 110, W-6900 HEIDELBERG, GER
SO Chir. Forum Exp. Klin. Forsch., (1991) pp. 459-464. HARTEL, W., H. G. BEGER AND E. UNGEHEUER (ED.). CHIRURGISCHES FORUM FUER EXPERIMENTELLE UND KLINISCHE FORSCHUNG, 1991; (SURGICAL FORUM '91 FOR EXPERIMENTAL AND CLINICAL RESEARCH, 1991); THE 108TH CONGRESS OF THE DEUTSCHE GESELLSCHAFT FUER CHIRURGIE (GERMAN SURGICAL SOCIETY), MUNICH, GERMANY, APRIL 16-20, 1991. XXX+488P. SPRINGER-VERLAG: BERLIN, GERMANY; NEW YORK, NEW YORK, USA. ILLUS. PAPER.
Publisher: Series: Chirurgisches Forum fuer Experimentelle und Klinische Forschung.
CODEN: CFEKA7. ISSN: 0303-6227. ISBN: 3-540-53836-4.
DT Book
Conference; (Meeting)
FS BR
LA GERMAN
ED Entered STN: 24 Feb 1992
Last Updated on STN: 24 Feb 1992

L5 ANSWER 102 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 44
AN 1992:94009 BIOSIS
DN PREV199293050559; BA93:50559
TI BREATH HYDROGEN TEST USING WATER-DILUTED LACTULOSE IN PATIENTS WITH GASTROINTESTINAL AMYLOIDOSIS.
AU MATSUMOTO T [Reprint author]; IIDA M; HIRAKAWA M; HIRAKAWA K; KUROKI F; LEE S; NANBU T; FUJISHIMA M
CS SECOND DEP INTERNAL MED, FAC MED, KYUSHU UNIV, MAIDASHI, 3-1-1, HIGASHII-KU, FUKUOKA 812, JPN
SO Digestive Diseases and Sciences, (1991) Vol. 36, No. 12, pp. 1756-1760.
CODEN: DDSCDJ. ISSN: 0163-2116.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 12 Feb 1992
Last Updated on STN: 13 Feb 1992

L5 ANSWER 103 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 45
AN 1992:46317 BIOSIS
DN PREV199293026292; BA93:26292
TI DELAYED GASTROINTESTINAL TRANSIT TIMES IN ANOREXIA NERVOSA AND BULIMIA NERVOSA.
AU KAMAL N [Reprint author]; CHAMI T; ANDERSEN A; ROSELL F A; SCHUSTER M M; WHITEHEAD W E

CS DIV DIG DIS, FRANCIS SCOTT KEY MED CENTER, BALTIMORE, MD 21224, USA
SO Gastroenterology, (1991) Vol. 101, No. 5, pp. 1320-1324.
CODEN: GASTAB. ISSN: 0016-5085.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 13 Jan 1992
Last Updated on STN: 13 Jan 1992

L5 ANSWER 104 OF 136 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1991:675125 CAPLUS
DN 115:275125
TI Evaluation of carbohydrate malassimilation and intestinal transit time in cats by measurement of breath hydrogen excretion
AU Muir, P.; Papassouliotis, K.; Gruffydd-Jones, T. J.; Cripps, P. J.; Harbour, D. A.
CS Dep. Vet. Med., Univ. Bristol, Langford, BS18 7DU, UK
SO American Journal of Veterinary Research (1991), 52(7), 1104-9
CODEN: AJVRAH; ISSN: 0002-9645
DT Journal
LA English

L5 ANSWER 105 OF 136 MEDLINE on STN
AN 92274733 MEDLINE
DN 92274733 PubMed ID: 1815882
TI Small bowel transit time measured with native ***lactulose*** ***breath*** hydrogen test.
AU Huang Y X; Xu C F; Zhao G N
CS Tangdu Hospital, Fourth Military Medical University, XI' an.
SO CHUNG-HUA NEI KO TSA CHIH CHINESE JOURNAL OF INTERNAL MEDICINE, (1991 Dec) 30 (12) 761-3, 790.
Journal code: 16210490R. ISSN: 0578-1426.
CY China
DT Journal; Article; (JOURNAL ARTICLE)
LA Chinese
FS Priority Journals
EM 199206
ED Entered STN: 19920710
Last Updated on STN: 19920710
Entered Medline: 19920630

L5 ANSWER 106 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 46
AN 1992:30990 BIOSIS
DN PREV199293020265; BA93:20265
TI EVALUATION OF THE EFFECT OF A FIBER-ENRICHED FORMULA ON INFANT COLIC.
AU TREEM W R [Reprint author]; HYAMS J S; BLANKSCHEN E; ETIENNE N; PAULE C L; BORSCHEL M W
CS DIV PEDIATRIC GASTROENTEROLOGY, HARTFORD HOSPITAL, 80 SEYMOUR ST, HARTFORD, CT 06115, USA
SO Journal of Pediatrics, (1991) Vol. 119, No. 5, pp. 695-701.
CODEN: JOPDAB. ISSN: 0022-3476.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 6 Jan 1992
Last Updated on STN: 7 Jan 1992

L5 ANSWER 107 OF 136 CABA COPYRIGHT 2004 CABI on STN DUPLICATE 47
AN 91:93870 CABA
DN 19911435356

TI Passage of starch into the colon of humans: quantitation and implications
AU McBurney, M. I.
CS Department of Foods and Nutrition, University of Alberta, Edmonton, Alta. T6G 2M8, Canada.
SO Canadian Journal of Physiology and Pharmacology, (1991) Vol. 69, No. 1, pp. 130-136. 77 ref.
Price: Conference paper; Journal article .
ISSN: 0008-4212
DT Journal
LA English
SL French
ED Entered STN: 19941101
Last Updated on STN: 19941101

L5 ANSWER 108 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 48
AN 1991:365779 BIOSIS
DN PREV199192054004; BA92:54004
TI BREATH HYDROGEN EXCRETION OR PLASMA ACETATE LEVELS DURING THE LACTULOSE TOLERANCE TEST?.
AU AKANJI A O [Reprint author]; HOCKADAY T D R
CS DEP CHEM PATHOL, UNIV COLL HOSP, IBADAN, NIGERIA
SO African Journal of Medicine and Medical Sciences, (1991) Vol. 20, No. 2, pp. 101-106.
CODEN: AJMSDC. ISSN: 0309-3913.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 13 Aug 1991
Last Updated on STN: 13 Aug 1991

L5 ANSWER 109 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 49
AN 1991:33468 BIOSIS
DN PREV199191022819; BA91:22819
TI EFFECT OF SHORT-TERM INTERMITTENT ANTIBIOTIC TREATMENT ON GROWTH OF BURMESE MYANMAR VILLAGE CHILDREN.
AU KHIN-MAUNG-U [Reprint author]; BOLIN T D; DUNCOMBE V M; PEREIRA S P; MYO-KHIN; NYUNT-NYUNT-WAI; LINKLATER J M
CS INTERNATIONAL CHILD HEALTH FOUNDATION, PO BOX 1205, COLUMBIA, MARYLAND 21044, USA
SO Lancet, (1990) Vol. 336, No. 8723, pp. 1090-1093.
ISSN: 0099-5355.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 3 Jan 1991
Last Updated on STN: 4 Jan 1991

L5 ANSWER 110 OF 136 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 90374654 EMBASE
DN 1990374654
TI Effect of short-term intermittent antibiotic treatment on growth of Burmese (Myanmar) village children.
AU Khin-Maung -U.; Bolin T.D.; Duncombe V.M.; Pereira S.P.; Myo-Khin; Nyunt-Nyunt-Wai; Linklater J.M.
CS Department Clinical Research, Internat. Child Hlth. Found., P.O. Box 1205,Columbia, MD 21044, United States
SO Lancet, (1990) 336/8723 (1090-1093).
ISSN: 0140-6736 CODEN: LANCAO

CY United Kingdom
DT Journal; Article
FS 004 Microbiology
007 Pediatrics and Pediatric Surgery
017 Public Health, Social Medicine and Epidemiology
030 Pharmacology
037 Drug Literature Index
LA English
SL English

L5 ANSWER 111 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 50
AN 1990:498115 BIOSIS
DN PREV199090126461; BA90:126461
TI THE USE OF METRONIDAZOLE IN MANAGEMENT OF METHYLMALONIC AND PROPIONIC ACIDEMIAS.
AU THOMPSON G N [Reprint author]; CHALMERS R A; WALTER J H; BRESSON J L; LYONNET S L; REED P J; SAUDUBRAY J M; LEONARD J V; HALLIDAY D
CS MURDOCH INST, ROYAL CHILD HOSP, FLEMINGTON ROAD, PARKVILLE, VICTORIA, 3052 AUSTRALIA
SO European Journal of Pediatrics, (1990) Vol. 149, No. 11, pp. 792-796.
CODEN: EJPEDT. ISSN: 0340-6199.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 5 Nov 1990
Last Updated on STN: 6 Nov 1990

L5 ANSWER 112 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 51
AN 1990:243085 BIOSIS
DN PREV199089130038; BA89:130038
TI HUMAN PHARMACOLOGY OF RENZAPRIDE A NEW GASTROKINETIC BENZAMIDE WITHOUT DOPAMINE ANTAGONIST PROPERTIES.
AU STANIFORTH D H [Reprint author]; PENNICK M
CS BEECHAM CLINICAL PHARMACOL UNIT, WEST MIDDLESEX UNIV HOSP, ISLEWORTH, MIDDLESEX TW7 6AF, UK
SO European Journal of Clinical Pharmacology, (1990) Vol. 38, No. 2, pp. 161-164.
CODEN: EJCPAS. ISSN: 0031-6970.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 19 May 1990
Last Updated on STN: 24 Jun 1990

L5 ANSWER 113 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 52
AN 1990:423951 BIOSIS
DN PREV199090084752; BA90:84752
TI H-2 ***LACTULOSE*** ***BREATH*** TEST IN THE INVESTIGATION OF GASTROINTESTINAL COMPLAINTS.
AU WILBERG S [Reprint author]; PIERAMICO O; MALFERTHEINER P
CS ABT INNERE MEDIZIN II, UNIVERSITAETSKLINIK ULM, ROBERT-KOCH-STR 8, 7900 ULM
SO Leber Magen Darm, (1990) Vol. 20, No. 3, pp. 129-134, 136-137.
CODEN: LBMDAT. ISSN: 0300-8622.
DT Article
FS BA
LA GERMAN
ED Entered STN: 22 Sep 1990

Last Updated on STN: 22 Sep 1990

L5 ANSWER 114 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 90:328653 SCISEARCH
GA The Genuine Article (R) Number: DH601
TI H2- ***LACTULOSE*** ***BREATH*** TEST IN THE INVESTIGATION OF GASTROINTESTINAL COMPLAINTS
AU WILBERG S; PIERAMICO O; MALFERTHEINER P (Reprint)
CS UNIV ULM KLIN, INNERE MED ABT 2, ROBERT KOCH STR 8, W-7900 ULM, GERMANY
CYA GERMANY
SO LEBER MAGEN DARM, (1990) Vol. 20, No. 3, pp. 129.
DT Article; Journal
FS CLIN
LA German
REC No References Keyed

L5 ANSWER 115 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 53
AN 1989:424559 BIOSIS
DN PREV198988082817; BA88:82817
TI COMPARISON OF OROCECAL TRANSIT TIMES ASSESSED BY THE ***LACTULOSE*** - ***BREATH*** HYDROGEN AND THE SULFASALAZINE SULFAPYRIDINE METHODS.
AU STANIFORTH D H [Reprint author]
CS CLINICAL PHARMACOL UNIT, WEST MIDDLESEX UNIV HOSP, TWICKENHAM ROAD, ISLEWORTH, MIDDLESEX TW7 6AF, UK
SO Gut, (1989) Vol. 30, No. 7, pp. 978-982.
CODEN: GUTTAK. ISSN: 0017-5749.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 19 Sep 1989
Last Updated on STN: 23 Sep 1989

L5 ANSWER 116 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1990:84849 BIOSIS
DN PREV199038040439; BR38:40439
TI THE RELATIONSHIP OF CULTURE PROVEN SMALL BOWEL BACTERIAL OVERGROWTH TO THE ***LACTULOSE*** ***BREATH*** HYDROGEN TEST AND GROWTH VELOCITY OF BURMESE VILLAGE CHILDREN.
AU THACKWAY S A [Reprint author]; TIN-AYE; KHIN-MAUNG-U; BOLIN T D
CS GASTROINTESTINAL UNIT, UNIV NEW SOUTH WALES, SYDNEY, AUST
SO Australian and New Zealand Journal of Medicine, (1989) Vol. 19, No. 5 SUPPL. 1, pp. 594.
Meeting Info.: ANNUAL SCIENTIFIC MEETING OF THE GASTROENTEROLOGICAL SOCIETY OF AUSTRALIA, PERTH, AUSTRALIA, APRIL, 1989. AUST N Z J MED.
CODEN: ANZJB8. ISSN: 0004-8291.
DT Conference; (Meeting)
FS BR
LA ENGLISH
ED Entered STN: 31 Jan 1990
Last Updated on STN: 27 Feb 1990

L5 ANSWER 117 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 54
AN 1989:316268 BIOSIS
DN PREV198988029998; BA88:29998
TI CLONIDINE PROLONGS HUMAN SMALL INTESTINE TRANSIT TIME USE OF THE ***LACTULOSE*** - ***BREATH*** HYDROGEN TEST.
AU RUBINOFF M J [Reprint author]; PICCIONE P R; HOLT P R
CS COLUMBIA-PRESBYTERIAN MED CENT, DEP MED, P AND S 10-508, 630 WEST 168TH ST, NEW YORK, NY 10032, USA

SO American Journal of Gastroenterology, (1989) Vol. 84, No. 4, pp. 372-374.
CODEN: AJGAAR. ISSN: 0002-9270.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 30 Jun 1989
Last Updated on STN: 30 Jun 1989

L5 ANSWER 118 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 55
AN 1989:248537 BIOSIS
DN PREV198987129602; BA87:129602
TI STATISTICAL ANALYSIS OF THE ***LACTULOSE*** - ***BREATH*** HYDROGEN TEST IN THE MEASUREMENT OF OROCECAL TRANSIT ITS VARIABILITY AND PREDICTIVE VALUE IN ASSESSING DRUG ACTION.
AU STANIFORTH D H [Reprint author]; ROSE D
CS WEST MIDDLESEX UNIV HOSP, ISLEWORTH, MIDDLESEX TW7 6AF, UK
SO Gut, (1989) Vol. 30, No. 2, pp. 171-175.
CODEN: GUTTAK. ISSN: 0017-5749.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 20 May 1989
Last Updated on STN: 20 May 1989

L5 ANSWER 119 OF 136 MEDLINE on STN
AN 89289317 MEDLINE
DN 89289317 PubMed ID: 2500314
TI Diagnosis of contaminated small bowel syndrome following subtotal gastrectomy: a comparative study of mannitol-BHT and jejunal bacteriology.
AU Mu J Z; Zhang J F; Chen D Z
SO CHUNG-HUA NEI KO TSA CHIH CHINESE JOURNAL OF INTERNAL MEDICINE, (1989 Jan) 28 (1) 32-4, 62.
Journal code: 16210490R. ISSN: 0578-1426.
CY China
DT Journal; Article; (JOURNAL ARTICLE)
LA Chinese
FS Priority Journals
EM 198908
ED Entered STN: 19900309
Last Updated on STN: 19900309
Entered Medline: 19890810

L5 ANSWER 120 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1988:195290 BIOSIS
DN PREV198834098477; BR34:98477
TI TO COMPARE THE SULFASALAZINE-SULFAPYRIDINE AND ***LACTULOSE*** - ***BREATH*** HYDROGEN METHODS OF ASSESSING ORO-CECAL TRANSIT TIME.
AU STANIFORTH D H [Reprint author]; CORBETT R
CS BEECHAM CLINICAL PHARMACOLOGY UNIT, WEST MIDDLESEX UNIV HOSP, TWICKENHAM ROAD, ISLEWORTH, MIDDLESEX TW7 6AF, UK
SO British Journal of Clinical Pharmacology, (1988) Vol. 25, No. 1, pp. 130P.
Meeting Info.: BRITISH PHARMACOLOGICAL SOCIETY (CLINICAL PHARMACOLOGY SECTION), OXFORD, ENGLAND, UK, SEPTEMBER 9-11, 1987. BR J CLIN PHARMACOL.
CODEN: BCPHBM. ISSN: 0306-5251.
DT Conference; (Meeting)
FS BR
LA ENGLISH
ED Entered STN: 12 Apr 1988
Last Updated on STN: 12 Apr 1988

L5 ANSWER 121 OF 136 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 88:51753 SCISEARCH
GA The Genuine Article (R) Number: L6865
TI TO COMPARE THE SULPHASALAZINE SULFAPYRIDINE AND ***LACTULOSE***
BREATH HYDROGEN METHODS OF ASSESSING ORO-CECAL TRANSIT-TIME
AU STANIFORTH D H (Reprint); CORBETT R
CS W MIDDLESEX UNIV HOSP, BEECHAM CLIN PHARMACOL UNIT, ISLEWORTH TW7 6AF, MIDDX, ENGLAND
CYA ENGLAND
SO BRITISH JOURNAL OF CLINICAL PHARMACOLOGY, (1988) Vol. 25, No. 1, pp. P130.
DT Conference; Journal
FS LIFE
LA ENGLISH
REC Reference Count: 2

L5 ANSWER 122 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 56
AN 1987:353121 BIOSIS
DN PREV198733053742; BR33:53742
TI ***LACTULOSE*** ***BREATH*** HYDROGEN TEST LBHT IS NOT A REPRODUCIBLE METHOD TO MEASURE MOUTH TO CECUM TRANSIT TIME TT.
AU JAIN N K [Reprint author]; BADIGA M S; PITCHUMONI C S
CS OUR LADY OF MERCY MED CENT, BRONX, NY, USA
SO Gastroenterology, (1987) Vol. 92, No. 5 PART 2, pp. 1450.
Meeting Info.: 88TH ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION AND DIGESTIVE DISEASE WEEK, CHICAGO, ILLINOIS, USA, MAY 9-15, 1987. GASTROENTEROLOGY.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
FS BR
LA ENGLISH
ED Entered STN: 15 Aug 1987
Last Updated on STN: 15 Aug 1987

L5 ANSWER 123 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1988:110389 BIOSIS
DN PREV198885055859; BA85:55859
TI IS THE DIARRHEA IN ULCERATIVE COLITIS RELATED TO IMPAIRED COLONIC SALVAGE OF CARBOHYDRATE.
AU RAO S S C [Reprint author]; READ N W; HOLDSWORTH C D
CS SUB-DEP HUM GASTROINTESTINAL PHYSIOL NUTRITION, FLOOR K, ROYAL HALLAMSHIRE HOSP, GLOSSOP ROAD, SHEFFIELD S10 2JF, UK
SO Gut, (1987) Vol. 28, No. 9, pp. 1090-1094.
CODEN: GUTTAK. ISSN: 0017-5749.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 23 Feb 1988
Last Updated on STN: 23 Feb 1988

L5 ANSWER 124 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1988:29935 BIOSIS
DN PREV198885017660; BA85:17660
TI SUPER-EFFICIENT STARCH ABSORPTION A RISK FACTOR FOR COLONIC NEOPLASIA.
AU THORNTON J R [Reprint author]; DRYDEN A; KELLEHER J; LOSOWSKY M S
CS DEP MED, ST JAMES'S UNIV HOSP, LEEDS LS9 7TF, ENGLAND, UK
SO Digestive Diseases and Sciences, (1987) Vol. 32, No. 10, pp. 1088-1091.
CODEN: DDSCDJ. ISSN: 0163-2116.
DT Article
FS BA
LA ENGLISH

ED Entered STN: 28 Dec 1987
Last Updated on STN: 28 Dec 1987

L5 ANSWER 125 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 57
AN 1987:404009 BIOSIS
DN PREV198784080189; BA84:80189
TI LIMITATIONS OF INDIRECT METHODS OF ESTIMATING SMALL BOWEL TRANSIT IN MAN.
AU PRESSMAN J H [Reprint author]; HOFMANN A F; WITZTUM K F; GERTLER S L;
STEINBACH J H; STOKES K; KELTS D G; STONE D M; JONES B R; DHARMSATHAPHORN
K
CS DEP MED, UCSD MED CENT, 225 DICKINSON ST, SAN DIEGO, CALIF 92103, USA
SO Digestive Diseases and Sciences, (1987) Vol. 32, No. 7, pp. 689-699.
CODEN: DDSCDJ. ISSN: 0163-2116.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 18 Sep 1987
Last Updated on STN: 18 Sep 1987

L5 ANSWER 126 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 58
AN 1987:403556 BIOSIS
DN PREV198784079736; BA84:79736
TI GASEOUS RESPONSE TO INGESTION OF A POORLY ABSORBED FRUCTO-OLIGOSACCHARIDE
SWEETENER.
AU STONE-DORSHOW T [Reprint author]; LEVITT M D
CS ACOS RES/151, VA MED CENT, 54TH ST AND 48TH AVE SO, MINNEAPOLIS, MINN
55417, USA
SO American Journal of Clinical Nutrition, (1987) Vol. 46, No. 1, pp. 61-65.
CODEN: AJCNAC. ISSN: 0002-9165.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 18 Sep 1987
Last Updated on STN: 18 Sep 1987

L5 ANSWER 127 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 59
AN 1988:31758 BIOSIS
DN PREV198885019483; BA85:19483
TI EFFECT OF DRUGS ON ORO-CECAL TRANSIT TIME ASSESSED BY THE LACTOSE-BREATH
HYDROGEN METHOD.
AU STANIFORTH D H [Reprint author]
CS BEECHAM CLIN PHARMACOL UNIT, WEST MIDDX UNIV HOSP, ISLEWORTH, MIDDX, UK
SO European Journal of Clinical Pharmacology, (1987) Vol. 33, No. 1, pp.
55-58.
CODEN: EJCPAS. ISSN: 0031-6970.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 28 Dec 1987
Last Updated on STN: 28 Dec 1987

L5 ANSWER 128 OF 136 MEDLINE on STN
AN 87071127 MEDLINE
DN 87071127 PubMed ID: 3787732
TI [The H2- ***lactulose*** ***breath*** test in the study of
functional colonopathies].
Contribution du breath-test H2 au lactulose a l'etude des colopathies
fonctionnelles.

AU Filali A; Ben Amor A; Ouertani J; Ben Abdallah M; Garoui H
SO TUNISIE MEDICALE, (1986 Apr) 64 (4) 359-62.
Journal code: 0413766. ISSN: 0041-4131.
CY Tunisia
DT Journal; Article; (JOURNAL ARTICLE)
LA French
FS Priority Journals
EM 198612
ED Entered STN: 19900302
Last Updated on STN: 19900302
Entered Medline: 19861229

L5 ANSWER 129 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1986:111409 BIOSIS
DN PREV198681021825; BA81:21825
TI GASTROINTESTINAL TRANSIT TIME IN HUMAN PREGNANCY PROLONGATION IN THE SECOND AND THIRD TRIMESTERS FOLLOWED BY POSTPARTUM NORMALIZATION.
AU LAWSON M [Reprint author]; KERN F JR; EVERSON G T
CS UNIV COLORADO SCH MED, 4200 EAST NINTHE AVE, DENVER, COLORADO 80262, USA
SO Gastroenterology, (1985) Vol. 89, No. 5, pp. 996-999.
CODEN: GASTAB. ISSN: 0016-5085.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 25 Apr 1986
Last Updated on STN: 25 Apr 1986

L5 ANSWER 130 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 60
AN 1986:169824 BIOSIS
DN PREV198681080240; BA81:80240
TI FECAL HYDROGEN PRODUCTION IN-VITRO AS AN INDICATOR FOR IN-VIVO HYDROGEN PRODUCING CAPABILITY IN THE BREATH HYDROGEN TEST.
AU ROBB T A [Reprint author]; GOODWIN D A; DAVIDSON G P
CS GASTROENTEROL UNIT, ADELAIDE CHILDRENS HOSP INC, NORTH ADELAIDE S A 5006, AUSTRALIA
SO Acta Paediatrica Scandinavica, (1985) Vol. 74, No. 6, pp. 942-944.
CODEN: APSVAM. ISSN: 0001-656X.
DT Article
FS BA
LA ENGLISH
ED Entered STN: 26 Apr 1986
Last Updated on STN: 26 Apr 1986

L5 ANSWER 131 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1984:143723 BIOSIS
DN PREV198427060215; BR27:60215
TI USE OF CARBON-14 LABELED ***LACTULOSE*** ***BREATH*** TEST TO SHOW THAT CODEINE BUT NOT CLONIDINE SLOWS SMALL INTESTINAL TRANSIT IN MAN.
AU PRESSMAN J [Reprint author]; HOFMANN A F; WITZTUM K F; GERTLER S; STEINBACH J H; DHARMSATHAPHORN K
CS DEP MED, UNIV CALIF, SAN DIEGO, CALIF, USA
SO Gastroenterology, (1984) Vol. 86, No. 5 PART 2, pp. 1213.
Meeting Info.: THE 85TH ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION HELD IN CONJUNCTION WITH THE AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASE, AND THE GASTROENTEROLOGY STUDY GROUP, NEW ORLEANS, LA., USA, MAY 19-25, 1984. GASTROENTEROLOGY.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference; (Meeting)
FS BR
LA ENGLISH

L5 ANSWER 132 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 61
AN 1985:224941 BIOSIS
DN PREV198579004937; BA79:4937
TI BACTERIAL CONTAMINATION OF THE SMALL INTESTINE AS AN IMPORTANT CAUSE OF CHRONIC DIARRHEA AND ABDOMINAL PAIN DIAGNOSIS BY BREATH HYDROGEN TEST.
AU DAVIDSON G P [Reprint author]; ROBB T A; KIRUBAKARAN C P
CS GASTROENTEROLOGY UNIT, ADELAIDE CHILDREN'S HOSP INC, NORTH ADELAIDE, SOUTH AUSTRALIA 5006, AUSTRALIA
SO Pediatrics, (1984) Vol. 74, No. 2, pp. 229-235.
CODEN: PEDIAU. ISSN: 0031-4005.
DT Article
FS BA
LA ENGLISH

L5 ANSWER 133 OF 136 CABA COPYRIGHT 2004 CABI on STN DUPLICATE 62
AN 84:24235 CABA
DN 19841453591
TI Breath hydrogen (H2) response to carbohydrate malabsorption after exercise
AU Payne, D. L.; Welsh, J. D.; Claypool, P. L.
CS Dep. Health, Oklahoma State Univ., Stillwater, Okla. 74078, USA.
SO Journal of Laboratory and Clinical Medicine, (1983) Vol. 102, No. 1, pp. 147-150. 19 ref.
ISSN: 0022-2143
DT Journal
LA English
ED Entered STN: 19941101
Last Updated on STN: 19941101

L5 ANSWER 134 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1981:121655 BIOSIS
DN PREV198121056651; BR21:56651
TI VALIDATION OF A CARBON-14 LABELED ***LACTULOSE*** ***BREATH*** TEST FOR THE MEASUREMENT OF INTESTINAL TRANSIT TIME IN MAN.
AU STOKES K [Reprint author]; HOFMANN A F; KELTS D G; JONES B; LAWRENCE L
CS DIV GASTROENTEROL, UNIV CALIFORNIA, SAN DIEGO, USA
SO Clinical Research, (1981) Vol. 29, No. 1, pp. 36A.
Meeting Info.: ANNUAL MEETING OF THE WESTERN SECTION, AMERICAN FEDERATION FOR CLINICAL RESEARCH, CARMEL, CALIF., USA, FEB. 4-6, 1981. CLIN RES.
CODEN: CLREAS. ISSN: 0009-9279.
DT Conference; (Meeting)
FS BR
LA ENGLISH

L5 ANSWER 135 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 63
AN 1981:195880 BIOSIS
DN PREV198171065872; BA71:65872
TI ANALYSIS OF DIARRHEA IN A DIABETIC PATIENT COMPLICATED WITH ACROMEGALY.
AU SAITO Y [Reprint author]; SATO T; MARUHAMA Y; KIKUCHI J
CS 3RD DEP INTERNAL MED, TOHOKU UNIV SCHOOL MED, SENDAI, JAPAN
SO Journal of the Japan Diabetes Society, (1980) Vol. 23, No. 12, pp. 1109-1115.
CODEN: TONYA4. ISSN: 0021-437X.
DT Article
FS BA
LA JAPANESE

L5 ANSWER 136 OF 136 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 64

AN 1980:128693 BIOSIS
DN PREV198069003689; BA69:3689
TI THE LACTULOSE HYDROGEN BREATH TEST AS A DIAGNOSTIC TEST FOR SMALL BOWEL BACTERIAL OVERGROWTH.
AU RHODES J M [Reprint author]; MIDDLETON P; JEWELL D P
CS MED UNIT, R FREE HOSP, LONDON NW3 2QG, ENGL, UK
SO Scandinavian Journal of Gastroenterology, (1979) Vol. 14, No. 3, pp. 333-336.
CODEN: SJGRA4. ISSN: 0036-5521.
DT Article
FS BA
LA ENGLISH

=> s total enteral nutrition
L1 492 TOTAL ENTERAL NUTRITION
=> dup rem l1
PROCESSING COMPLETED FOR L1
L2 213 DUP REM L1 (279 DUPLICATES REMOVED)
=> s l2 and crohn?
L3 32 L2 AND CROHN?
=> s l3 and (bacterial)
L4 6 L3 AND (BACTERIAL)
=> d bib ab 1-
YOU HAVE REQUESTED DATA FROM 6 ANSWERS - CONTINUE? Y/(N):y
L4 ANSWER 1 OF 6 CAPLUS COPYRIGHT 2003 ACS
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating small intestinal ***bacterial***
overgrowth and related conditions
IN Lin, Henry C.; Pimentel, Mark
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018
WO 2002083926	A2	20021024	WO 2002-US12034	20020416

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI US 1995-442843 B1 19950517
US 1997-832307 A1 19970403
US 1999-359583 B2 19990722
US 1999-374142 A2 19990811
US 1999-420046 A2 19991018
US 2000-546119 A2 20000410
US 2001-837797 A 20010417

AB Disclosed is a method of treating small intestinal ***bacterial*** overgrowth (SIBO) or a SIBO-caused condition in a human subject. SIBO-caused conditions include irritable bowel syndrome, fibromyalgia, chronic pelvic pain syndrome, chronic fatigue syndrome, depression, impaired mentation, impaired memory, halitosis, tinnitus, sugar craving, autism, attention deficit/hyperactivity disorder, drug sensitivity, an autoimmune disease, and ***Crohn*** 's disease. Examples are provided showing effects of antibiotics on SIBO, demonstrating the roles of peptide YY and the serotoninergic/adrenergic/opioid pathways in SIBO, and the

effects of ondansetron, propranolol, norepinephrine and naloxone on intestinal transit. The invention thus relates to slowing upper gastrointestinal transit, thereby enhancing the digestion and/or absorption of predigested nutrients. Gastrointestinal transit-slowing compns. comprise active agents such as lipids, serotonin, serotonin agonists, serotonin re-uptake inhibitors, peptide YY, calcitonin gene-related peptide, adrenergic agonists and opioid agonists. Also disclosed are a method of screening for the abnormally likely presence of SIBO in a human subject and a method of detecting SIBO in a human subject. A method of detg. the relative severity of SIBO or a SIBO-caused condition in a human subject, in whom small intestinal ***bacterial*** overgrowth has been detected, is also disclosed.

L4 ANSWER 2 OF 6 MEDLINE
AN 91029382 MEDLINE
DN 91029382 PubMed ID: 2121363
TI [Excretion of phenol and p-cresol in the urine in fasting obese individuals and in persons treated with ***total*** ***enteral*** ***nutrition***].
Vylucovani fenolu a p-krezolu moci u hladovejicich obeznich a u osob lecenych uplnou enteralni vyzivou.
AU Bures J; Jergeova Z; Sobotka L; Cervenka B; Malir F; Horacek J; Zadak Z; Komarkova O; Fixa B
CS 2. interni klinika fakultni nemocnice, Hradec Kralove.
SO CASOPIS LEKARU CESKYCH, (1990 Sep 14) 129 (37) 1166-71.
Journal code: 0004743. ISSN: 0008-7335.
CY Czechoslovakia
DT Journal; Article; (JOURNAL ARTICLE)
LA Czech
FS Priority Journals
EM 199012
ED Entered STN: 19910208
Last Updated on STN: 19980206
Entered Medline: 19901206
AB In the literature it is maintained that phenol and p-cresol are produced in humans in the gut by bacteria from dietary protein. Both substances are absorbed from the small intestine and excreted in the urine. If the urinary output of phenol and p-cresol depends really on the dietary protein intake it should decline to zero values during fasting and correlate with the protein supply into the gut. The objective of the present work was therefore to investigate the urinary phenol and p-cresol excretion in fasting obese subjects (21 fasting subjects, 7 subjects with modified fasts--Nutramine R-350) and in subjects treated by complete enteral nutrition by a nasojejunal tube (8 patients with ***Crohn*** 's disease, 8 with another disease of the gastrointestinal tract). Phenol and p-cresol in 24-hour urine specimens were assessed by gas chromatography in all four groups always on the 1st, 7th and 14th day. In fasting obese subjects the phenol and p-cresol values did not decline (the difference of values from the assumed zero value is significant $z = 0.000055$). There was no difference between patients with a complete and modified fast. The phenol and p-cresol values did not correlate mutually, nor with the protein intake, nitrogen balance and cumulated nitrogen balance. There are great individual differences in the urinary phenol and p-cresol excretion and it does not depend on the oral dietary protein intake, as hitherto assumed. It has most probably more complex causes and the decisive factor

seems to be the metabolic activity of the intestinal ***bacterial*** microflora.

L4 ANSWER 3 OF 6 USPATFULL
AN 2002:276073 USPATFULL
TI Nutritional product for a person having ulcerative colitis
IN Demichele, Stephen Joseph, Dublin, OH, United States
Garleb, Keith Allen, Powell, OH, United States
McEwen, John William, Gahanna, OH, United States
Fuller, Martha Kay, Westerville, OH, United States
PA Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
PI US 6468987 B1 20021022
AI US 1999-395509 19990914 (9)
RLI Division of Ser. No. US 1998-83736, filed on 22 May 1998, now patented, Pat. No. US 5952314 Continuation-in-part of Ser. No. US 1994-221349, filed on 1 Apr 1994, now patented, Pat. No. US 5780451
DT Utility
FS GRANTED
EXNAM Primary Examiner: Wilson, James O.
LREP Dixon, J. Michael
CLMN Number of Claims: 41
ECL Exemplary Claim: 1
DRWN 5 Drawing Figure(s); 5 Drawing Page(s)
LN.CNT 1662
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An enteral nutritional product for a person having ulcerative colitis contains in combination (a) an oil blend which contains eicosapentaenoic acid (20:5n3) and/or docosahexaenoic acid (22:6n3), and (b) a source of indigestible carbohydrate which is metabolized to short chain fatty acids by microorganisms present in the human colon. Preferably the nutritional product also contains one or more nutrients which act as antioxidants.

L4 ANSWER 4 OF 6 USPATFULL
AN 1999:110304 USPATFULL
TI Nutritional product for a person having ulcerative colitis
IN DeMichele, Stephen Joseph, 5525 Windwood Dr., Dublin, OH, United States 43017
Garleb, Keith Allen, 2208 Smokey View Blvd., Powell, OH, United States 43081
McEwen, John William, 336 Spruce Hill Dr., Gahanna, OH, United States 43230
Fuller, Martha Kay, 518 Munich Pl., Westerville, OH, United States 43081-3602
PI US 5952314 19990914
AI US 1998-83736 19980522 (9)
RLI Continuation-in-part of Ser. No. US 1994-221349, filed on 1 Apr 1994, now patented, Pat. No. US 5780451
DT Utility
FS Granted
EXNAM Primary Examiner: Lee, Howard C.
LREP Brainard, Thomas D., Dixon, J. Michael
CLMN Number of Claims: 16
ECL Exemplary Claim: 1
DRWN 5 Drawing Figure(s); 5 Drawing Page(s)

LN.CNT 1703
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An enteral nutritional product for a person having ulcerative colitis contains in combination (a) an oil blend which contains eicosapentaenoic acid (20:5n3) and/or docosahexaenoic acid (22:6n3), and (b) a source of indigestible carbohydrate which is metabolized to short chain fatty acids by microorganisms present in the human colon. Preferably the nutritional product also contains one or more nutrients which act as antioxidants.

L4 ANSWER 5 OF 6 USPATFULL
AN 1998:82739 USPATFULL
TI Nutritional product for a person having ulcerative colitis
IN DeMichele, Stephen Joseph, Dublin, OH, United States
Garleb, Keith Allen, Powell, OH, United States
McEwen, John William, Gahanna, OH, United States
Fuller, Martha Kay, Westerville, OH, United States
PA Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
PI US 5780451 19980714
AI US 1994-221349 19940401 (8)
DT Utility
FS Granted
EXNAM Primary Examiner: Kight, John; Assistant Examiner: Lee, Howard C.
LREP Drayer, Lonnie, Brainard, Thomas D., Dixon, J. Michael
CLMN Number of Claims: 18
ECL Exemplary Claim: 1
DRWN 5 Drawing Figure(s); 5 Drawing Page(s)
LN.CNT 1715
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An enteral nutritional product for a person having ulcerative colitis contains in combination (a) an oil blend which contains eicosapentaenoic acid (20:5n3) and/or docosahexaenoic acid (22:6n3), and (b) a source of indigestible carbohydrate which is metabolized to short chain fatty acids by microorganisms present in the human colon. Preferably the nutritional product also contains one or more nutrients which act as antioxidants.

L4 ANSWER 6 OF 6 USPATFULL
AN 95:75964 USPATFULL
TI Method of treating ulcerative colitis
IN Garleb, Keith A., Powell, OH, United States
Demichele, Stephen J., Dublin, OH, United States
PA Abbott Labatories, Abbott Park, IL, United States (U.S. corporation)
PI US 5444054 19950822
AI US 1994-221440 19940401 (8)
DT Utility
FS Granted
EXNAM Primary Examiner: Griffin, Ronald W.
LREP Drayer, Lonnie R., Nickey, Donald O.
CLMN Number of Claims: 19
ECL Exemplary Claim: 1
DRWN 5 Drawing Figure(s); 5 Drawing Page(s)
LN.CNT 1803
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A method of improving the nutritional status and reversing the

characteristic diarrhea and inflammatory condition in a mammalian creature having ulcerative colitis or inflammation of the colon which contains in combination (a) an oil blend which contains eicosapentaenoic acid (20:5n3) and/or docosahexaenoic acid (22:6n3), and (b) a source of indigestible carbohydrate which is metabolized to short chain fatty acids by microorganisms present in the human colon. Preferably the nutritional product also contains one or more nutrients which act as antioxidants.

=> s l2 and sibo
L5 1 L2 AND SIBO

=> d

L5 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2003 ACS
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating small intestinal bacterial overgrowth and related conditions
IN Lin, Henry C.; Pimentel, Mark
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018
WO 2002083926	A2	20021024	WO 2002-US12034	20020416

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI US 1995-442843	B1	19950517	
US 1997-832307	A1	19970403	
US 1999-359583	B2	19990722	
US 1999-374142	A2	19990811	
US 1999-420046	A2	19991018	
US 2000-546119	A2	20000410	
US 2001-837797	A	20010417	

=> s l2 and (bacterial overgrowth)
L6 1 L2 AND (BACTERIAL OVERGROWTH)

=> d

L6 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2003 ACS
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating small intestinal ***bacterial***
overgrowth and related conditions
IN Lin, Henry C.; Pimentel, Mark
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018
WO 2002083926	A2	20021024	WO 2002-US12034	20020416

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI US 1995-442843 B1 19950517
US 1997-832307 A1 19970403
US 1999-359583 B2 19990722
US 1999-374142 A2 19990811
US 1999-420046 A2 19991018
US 2000-546119 A2 20000410
US 2001-837797 A 20010417

=> s sibo and (fibromyalgia)
L7 8 SIBO AND (FIBROMYALGIA)

=> dup rem l7
PROCESSING COMPLETED FOR L7
L8 5 DUP REM L7 (3 DUPLICATES REMOVED)

=> d bib ab 1-
YOU HAVE REQUESTED DATA FROM 5 ANSWERS - CONTINUE? Y/(N):y

L8 ANSWER 1 OF 5 CAPLUS COPYRIGHT 2003 ACS DUPLICATE 1
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating small intestinal bacterial overgrowth and related conditions

IN Lin, Henry C.; Pimentel, Mark
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018
WO 2002083926	A2	20021024	WO 2002-US12034	20020416

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI US 1995-442843 B1 19950517
US 1997-832307 A1 19970403
US 1999-359583 B2 19990722
US 1999-374142 A2 19990811
US 1999-420046 A2 19991018
US 2000-546119 A2 20000410
US 2001-837797 A 20010417

AB Disclosed is a method of treating small intestinal bacterial overgrowth (***SIBO***) or a ***SIBO*** -caused condition in a human subject. ***SIBO*** -caused conditions include irritable bowel syndrome, ***fibromyalgia*** , chronic pelvic pain syndrome, chronic fatigue syndrome, depression, impaired mentation, impaired memory, halitosis, tinnitus, sugar craving, autism, attention deficit/hyperactivity disorder, drug sensitivity, an autoimmune disease, and Crohn's disease. Examples are provided showing effects of antibiotics on ***SIBO*** , demonstrating the roles of peptide YY and the serotoninergic/adrenergic/opioid pathways in ***SIBO*** , and the effects of ondansetron, propranolol, norepinephrine and naloxone on intestinal transit. The invention thus relates to slowing upper gastrointestinal transit, thereby enhancing the digestion and/or absorption of predigested nutrients. Gastrointestinal transit-slowing compns. comprise active agents such as lipids, serotonin, serotonin agonists, serotonin re-uptake inhibitors, peptide YY, calcitonin gene-related peptide, adrenergic agonists and opioid agonists. Also disclosed are a method of screening for the abnormally likely presence of ***SIBO*** in a human subject and a method of detecting ***SIBO*** in a human subject. A method of detg. the relative severity of ***SIBO*** or a ***SIBO*** -caused condition in a human subject, in whom small intestinal bacterial overgrowth has been detected, is also disclosed.

L8 ANSWER 2 OF 5 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 2

AN 2002395419 EMBASE
TI The treatment of small intestinal bacterial overgrowth with enteric-coated peppermint oil: A case report.
AU Logan A.C.; Beaulne T.M.
CS A.C. Logan, Unit 4, 3600 Ellesmere Road, Toronto, Ont. M1C 4Y8, Canada
SO Alternative Medicine Review, (2002) 7/5 (410-417).
Refs: 75
ISSN: 1089-5159 CODEN: ALMRFP
CY United States
DT Journal; Article
FS 006 Internal Medicine
037 Drug Literature Index
048 Gastroenterology
LA English
SL English
AB Recent investigations have shown that bacterial overgrowth of the small intestine is associated with a number of functional somatic disorders, including irritable bowel syndrome (IBS), ***fibromyalgia*** , and chronic fatigue syndrome. A number of controlled studies have shown that enteric-coated peppermint oil (ECPO) is of benefit in the treatment of IBS. However, despite evidence of strong antimicrobial activity, ECPO has not been specifically investigated for an effect on small intestinal bacterial overgrowth (***SIBO***). A case report of a patient with ***SIBO*** who showed marked subjective improvement in IBS-like symptoms and significant reductions in hydrogen production after treatment with ECPO is presented. While further investigation is necessary, the results in this case suggest one of the mechanisms by which ECPO improves IBS symptoms is antimicrobial activity in the small intestine.

L8 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2003 ACS
AN 2001:112376 CAPLUS
TI Method of diagnosing irritable bowel syndrome and other disorders caused by small intestinal bacterial overgrowth by detecting the presence of anti-saccharomyces cerivisiae antibodies (asca) in human serum
IN Lin, Henry C.; Pimental, Mark
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001011334	A2	20010215	WO 2000-US22168	20000811
WO 2001011334	A3	20010712		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRAI US 1999-374143 A 19990811

AB Disclosed is a method of diagnosing small intestinal bacterial overgrowth (***SIBO***), irritable bowel syndrome, ***fibromyalgia*** , chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder (ADHD), or an autoimmune disease by sampling serum from a human subject having a suspected diagnosis of any of these conditions and analyzing the serum for the presence of ASCA, which corroborates the suspected diagnosis. A method of determining a predisposition for developing Crohn's, in a human subject who does not present a set of symptoms characteristic of the disease and who has small intestinal bacterial overgrowth, involves sampling serum from the subject and analyzing the serum for the presence or absence of ASCA. The presence of ASCA in the serum indicates a predisposition for developing Crohn's disease. Also disclosed is a kit for diagnosing and treating small intestinal bacterial overgrowth, irritable bowel syndrome, ***fibromyalgia*** , chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, or an autoimmune disease, such as multiple sclerosis or systemic lupus erythematosus. The kit is useful to improve symptoms, including hyperalgesia related to ***SIBO*** and disorders caused by ***SIBO*** .

L8 ANSWER 4 OF 5 CAPLUS COPYRIGHT 2003 ACS
AN 2001:115322 CAPLUS
DN 134:159863
TI Methods of diagnosing or treating irritable bowel syndrome and other disorders caused by small intestinal bacterial overgrowth
IN Lin, Henry C.; Pimental, Mark
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl., 43 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001011077	A2	20010215	WO 2000-US22030	20000811
WO 2001011077	A3	20010830		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
EP 1200828	A2	20020502	EP 2000-952739	20000811
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL				
PRAI US 1999-374142	A	19990811		
WO 2000-US22030	W	20000811		

AB Disclosed is a method of diagnosing irritable bowel syndrome, ***fibromyalgia*** , chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, autoimmune diseases, such as multiple sclerosis and systemic lupus erythematosus, or Crohn's disease, which involves detecting the presence of small intestinal bacterial overgrowth (

SIBO) in a human subject having at least one symptom assocd. with a suspected diagnosis of any of those diagnostic categories. Also disclosed is a method of treating these disorders, and other disorders caused by ***SIBO*** , that involves at least partially eradicating a ***SIBO*** condition in the human subject. The method includes administration of anti-microbial or probiotic agents, or normalizing intestinal motility by employing a prokinetic agent. The method improves symptoms, including hyperalgesia related to ***SIBO*** and disorders caused by ***SIBO*** . Also disclosed is a kit for the diagnosis or treatment of irritable bowel syndrome, ***fibromyalgia*** , chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, autoimmune diseases, or Crohn's disease. Breath hydrogen testing was done on patients after an overnight fast and swallowing Chronulac formula contg. 10 g lactulose. Breath samples were analyzed for hydrogen content with a gas chromatograph.

L8 ANSWER 5 OF 5 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 3
AN 2001376058 EMBASE
TI Small intestinal bacterial overgrowth: A possible association with ***fibromyalgia*** .
AU Pimentel M.; Chow E.J.; Hallegua D.; Wallace D.; Lin H.C.
CS Dr. M. Pimentel, Cedars-Sinai Medical Center, 8635 West 3rd Street, Los Angeles, CA 90048, United States. mark.pimentel@cshs.org
SO Journal of Musculoskeletal Pain, (2001) 9/3 (107-113).
Refs: 25
ISSN: 1058-2452 CODEN: JMPAEQ
CY United States
DT Journal; Article
FS 004 Microbiology
008 Neurology and Neurosurgery
037 Drug Literature Index
048 Gastroenterology
LA English
SL English
AB Objectives: Subjects with ***fibromyalgia*** [FMS] frequently have nonspecific bowel complaints similar to subjects with small intestinal bacterial overgrowth [***SIBO***]. The aim of this study was to test whether 1. ***SIBO*** is prevalent in FMS and 2. If treatment of ***SIBO*** reduces bowel symptoms. Methods: Of 815 subjects undergoing lactulose hydrogen breath testing for assessment of ***SIBO*** , 123 patients had FMS. Those with ***SIBO*** were treated with antibiotics. At the initial and follow-up visits, subjects were asked to rate their symptoms. Symptom scores before and after treatment were compared. Results: Of the 123 subjects with FMS, 96 [78%] were found to have ***SIBO*** . Returning subjects reported a 57 .+-. 29% overall improvement in symptoms with significant improvement in bloating, gas, abdominal pain, diarrhea, constipation, joint pains, and fatigue [P < 0.05]. Conclusions: 1. Small intestinal bacterial overgrowth is associated with FMS, 2. Eradication of ***SIBO*** improves intestinal symptoms in FMS.

=> s l2 and (chronic fatigue syndrome)
L9 1 L2 AND (CHRONIC FATIGUE SYNDROME)

=> d

L9 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2003 ACS
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating small intestinal bacterial overgrowth and related conditions
IN Lin, Henry C.; Pimentel, Mark
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018
WO 2002083926	A2	20021024	WO 2002-US12034	20020416

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI US 1995-442843 B1 19950517
US 1997-832307 A1 19970403
US 1999-359583 B2 19990722
US 1999-374142 A2 19990811
US 1999-420046 A2 19991018
US 2000-546119 A2 20000410
US 2001-837797 A 20010417

=> s sibo or (small intestinal bacterial overgrowth)
L10 648 SIBO OR (SMALL INTESTINAL BACTERIAL OVERGROWTH)

=> dup rem l10
PROCESSING COMPLETED FOR L10
L11 286 DUP REM L10 (362 DUPLICATES REMOVED)

=> s l11 and nutrient?
L12 8 L11 AND NUTRIENT?

=> d bib ab kwic 1-
YOU HAVE REQUESTED DATA FROM 8 ANSWERS - CONTINUE? Y/(N):y

L12 ANSWER 1 OF 8 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2000:291256 BIOSIS
DN PREV200000291256

TI Rifaximin versus chlortetracycline in the short-term treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***

AU Di Stefano, M.; Malservisi, S.; Veneto, G.; Ferrieri, A.; Corazza, G. R. (1)
CS (1) Gastroenterology Unit, IRCCS 'S. Matteo' Hospital, University of Pavia, P.le Golgi 5, 27100, Pavia Italy
SO Alimentary Pharmacology & Therapeutics, (May, 2000) Vol. 14, No. 5, pp. 551-556. print.
ISSN: 0269-2813.
DT Article
LA English
SL English
AB Background: Bacterial overgrowth of the small intestine is a condition characterized by ***nutrient*** malabsorption due to an excessive number of bacteria in the lumen of the small intestine. Current treatment is based on empirical courses of broad spectrum antibiotics; few controlled data, with respect to the duration and choice of antibiotic drug, exist at present. The recent availability of rifaximin, a non-absorbable rifamycin derivative, highly effective against anaerobic bacteria, prompted us to carry out a randomized, double-blind controlled trial in order to compare its efficacy and tolerability to those of tetracycline, currently considered the first-choice drug. Methods: In 21 patients affected by ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , fasting, peak and total H2 excretion after ingestion of 50 g glucose and severity of symptoms were evaluated before and after a 7-day course of rifaximin, 1200 mg/day (400 mg t.d.s.), or chlortetracycline, 1 g/day (333 mg t.d.s.). Results: Fasting, peak and total H2 excretion decreased significantly in the group of patients treated with rifaximin whereas chlortetracycline did not modify these parameters. The H2 breath test normalized in 70% of patients after rifaximin and in 27% of patients after chlortetracycline. The improvement in symptoms was significantly higher in patients treated with rifaximin. Conclusions: Rifaximin is a promising, easily-handled and safe drug for the short-term treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
TI Rifaximin versus chlortetracycline in the short-term treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***

AB Background: Bacterial overgrowth of the small intestine is a condition characterized by ***nutrient*** malabsorption due to an excessive number of bacteria in the lumen of the small intestine. Current treatment is based on. . . compare its efficacy and tolerability to those of tetracycline, currently considered the first-choice drug. Methods: In 21 patients affected by ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , fasting, peak and total H2 excretion after ingestion of 50 g glucose and severity of symptoms were evaluated before and. . . higher in patients treated with rifaximin. Conclusions: Rifaximin is a promising, easily-handled and safe drug for the short-term treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L12 ANSWER 2 OF 8 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1986:371053 BIOSIS
DN BR31:66327

TI DIETARY LECTIN INDUCED CHANGES IN NITROGEN METABOLISM IN THE RAT.
AU SHAKOOR T; WEBER F L JR; HOWARD R H; BANWELL J G
CS CASE WESTERN RESERVE UNIV. SCH. MED., CLEVELAND, OH.
SO ABSTRACTS OF PAPERS SUBMITTED TO THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION FOR THE 87TH ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION, SAN FRANCISCO, CALIF., USA, MAY 17-23, 1986. GASTROENTEROLOGY. (1986) 90 (5 PART 2), 1629.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English
IT Miscellaneous Descriptors
ABSTRACT ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** ***NUTRIENT*** MALABSORPTION

L12 ANSWER 3 OF 8 CABA COPYRIGHT 2003 CABI
AN 1998:35847 CABA
DN 981402788
TI What's new in nutritional management of GI disease?
AU Guilford, W. G.; Reinhart, G. A.
SO Publication - Veterinary Continuing Education, Massey University, (1996) No. 169, pp. 195-199.
Meeting Info.: Proceedings of the Small Animal Sessions of the Second Pan Pacific Veterinary Conference, held in Christchurch, New Zealand, 23-28 June 1996.
ISSN: 0112-9643
DT Conference Article; Journal
LA English
AB An account is given of the use of nutritional therapy in the treatment and management of gastrointestinal disease in cats and dogs, as an alternative to pharmacological treatment. ***Nutrients*** such as protein, glutamine, complex carbohydrates, lactose, medium-chained triglyerides, omega -3 polyunsaturated fatty acids and fibre are among those dietary components which have a marked influence on gastrointestinal tract function and dysfunction. Diets are discussed for the treatment of acute gastroenteritis, gastric diseases, acute and chronic small bowel diarrhoea, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , protein-losing enteropathies, inflammatory bowel disease, large bowel disease, and for borborygmus and flatulence.
AB . . . nutritional therapy in the treatment and management of gastrointestinal disease in cats and dogs, as an alternative to pharmacological treatment. ***Nutrients*** such as protein, glutamine, complex carbohydrates, lactose, medium-chained triglyerides, omega -3 polyunsaturated fatty acids and fibre are among those dietary. . . function and dysfunction. Diets are discussed for the treatment of acute gastroenteritis, gastric diseases, acute and chronic small bowel diarrhoea, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , protein-losing enteropathies, inflammatory bowel disease, large bowel disease, and for borborygmus and flatulence.

L12 ANSWER 4 OF 8 CAPLUS COPYRIGHT 2003 ACS
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions

IN Lin, Henry C.; Pimentel, Mark
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018
WO 2002083926	A2	20021024	WO 2002-US12034	20020416

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI US 1995-442843 B1 19950517
US 1997-832307 A1 19970403
US 1999-359583 B2 19990722
US 1999-374142 A2 19990811
US 1999-420046 A2 19991018
US 2000-546119 A2 20000410
US 2001-837797 A 20010417

AB Disclosed is a method of treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) or a ***SIBO*** -caused condition in a human subject. ***SIBO*** -caused conditions include irritable bowel syndrome, fibromyalgia, chronic pelvic pain syndrome, chronic fatigue syndrome, depression, impaired mentation, impaired memory, halitosis, tinnitus, sugar craving, autism, attention deficit/hyperactivity disorder, drug sensitivity, an autoimmune disease, and Crohn's disease. Examples are provided showing effects of antibiotics on ***SIBO*** , demonstrating the roles of peptide YY and the serotoninergic/adrenergic/opioid pathways in ***SIBO*** , and the effects of ondansetron, propranolol, norepinephrine and naloxone on intestinal transit. The invention thus relates to slowing upper gastrointestinal transit, thereby enhancing the digestion and/or absorption of predigested ***nutrients*** . Gastrointestinal transit-slowing compns. comprise active agents such as lipids, serotonin, serotonin agonists, serotonin re-uptake inhibitors, peptide YY, calcitonin gene-related peptide, adrenergic agonists and opioid agonists. Also disclosed are a method of screening for the abnormally likely presence of ***SIBO*** in a human subject and a method of detecting ***SIBO*** in a human subject. A method of detg. the relative severity of ***SIBO*** or a ***SIBO*** -caused condition in a human subject, in whom ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** has been detected, is also disclosed.

TI Methods of diagnosing and treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions

AB Disclosed is a method of treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) or a ***SIBO*** -caused condition in a human subject. ***SIBO*** -caused conditions include irritable bowel syndrome, fibromyalgia, chronic pelvic pain syndrome, chronic fatigue syndrome, depression, impaired mentation, impaired memory, halitosis, tinnitus, sugar craving, autism, attention deficit/hyperactivity disorder, drug sensitivity, an autoimmune disease, and Crohn's disease. Examples are provided showing effects of antibiotics on ***SIBO*** , demonstrating the roles of peptide YY and the serotoninergic/adrenergic/opioid pathways in ***SIBO*** , and the effects of ondansetron, propranolol, norepinephrine and naloxone on intestinal transit. The invention thus relates to slowing upper gastrointestinal transit, thereby enhancing the digestion and/or absorption of predigested ***nutrients*** . Gastrointestinal transit-slowing compns. comprise active agents such as lipids, serotonin, serotonin agonists, serotonin re-uptake inhibitors, peptide YY, calcitonin gene-related peptide, adrenergic agonists and opioid agonists. Also disclosed are a method of screening for the abnormally likely presence of ***SIBO*** in a human subject and a method of detecting ***SIBO*** in a human subject. A method of detg. the relative severity of ***SIBO*** or a ***SIBO*** -caused condition in a human subject, in whom ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** has been detected, is also disclosed.

ST ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** diagnosis treatment

IT 5-HT antagonists
(5-HT3; treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions)

IT 5-HT antagonists
(5-HT4; treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions)

IT Intestine, disease
(Crohn's; treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions)

IT Nervous system
(adrenergic; diagnosing and treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** : effects of antibiotics and pathophysiol.)

IT Mental disorder
(attention deficit disorder; treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions)

IT Mental disorder
(autism; treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions)

IT Drug delivery systems
(caplets; treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions)

IT Drug delivery systems
(capsules; treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions)

IT Fatigue, biological
(chronic fatigue syndrome; treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions)

IT Carbohydrates, biological studies

RL: BSU (Biological study, unclassified); BIOL (Biological study)
(craving; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)

IT Mental disorder
(depression; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)

IT Antibiotics
Digestive tract
Gastric emptying
Gastrointestinal motility
Human
Intestinal bacteria
(diagnosing and treating ***small*** ***intestinal***
bacterial ***overgrowth*** : effects of antibiotics and
pathophysiol.)

IT Blood analysis
Diagnosis
Gas chromatography
HPLC
Mass spectrometry
Polarography
Radiation detectors
TLC (thin layer chromatography)
Test kits
(diagnosis of ***small*** ***intestinal*** ***bacterial***
overgrowth)

IT Bile acids
RL: DGN (Diagnostic use); BIOL (Biological study); USES (Uses)
(diagnosis of ***small*** ***intestinal*** ***bacterial***
overgrowth)

IT Voltammetry
(electrochem.; diagnosis of ***small*** ***intestinal***
bacterial ***overgrowth***)

IT Drug delivery systems
(elixirs; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)

IT Drug delivery systems
(emulsions; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)

IT Respiratory air
(exhaled; diagnosis of ***small*** ***intestinal***
bacterial ***overgrowth***)

IT Muscle, disease
(fibromyalgia; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)

IT Drug delivery systems
(granules; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)

IT Mouth
(halitosis; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)

IT Fats and Glyceridic oils, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(hydrolyzed; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)

IT Intestine, disease
(irritable bowel syndrome; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Drug delivery systems
(lozenges; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Mast cell
(membrane stabilizers; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Drug delivery systems
(microspheres; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Nervous system
(opioidergic; diagnosing and treating ***small***
intestinal ***bacterial*** ***overgrowth*** : effects of
antibiotics and pathophysiol.)
IT Enzymes, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pancreatic; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Drug delivery systems
(particles; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Body, anatomical
(pelvis, chronic pelvic pain syndrome; treating ***small***
intestinal ***bacterial*** ***overgrowth*** and related
conditions)
IT Drug delivery systems
(powders; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT ***Nutrients***
(predigested; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Memory, biological
(retention defect; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Fatty acids, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(satd.; treating ***small*** ***intestinal*** ***bacterial***
overgrowth and related conditions)
IT Nerve
(serotoninergic; diagnosing and treating ***small***
intestinal ***bacterial*** ***overgrowth*** : effects of
antibiotics and pathophysiol.)
IT Drug delivery systems
(solns.; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Drug delivery systems
(suspensions; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Drug delivery systems
(syrups; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Lupus erythematosus
(systemic; treating ***small*** ***intestinal***

bacterial ***overgrowth*** and related conditions)
IT Drug delivery systems
(tablets; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Ear
(tinnitus; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT Adrenoceptor agonists
Autoimmune disease
Diet
Disinfectants
Hyperkinesia
Multiple sclerosis
(treating ***small*** ***intestinal*** ***bacterial***
overgrowth and related conditions)
IT Lipids, biological studies
Opioids
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(treating ***small*** ***intestinal*** ***bacterial***
overgrowth and related conditions)
IT Fatty acids, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(unsatd.; treating ***small*** ***intestinal***
bacterial ***overgrowth*** and related conditions)
IT 51-41-2, Norepinephrine 465-65-6, Naloxone 525-66-6, Propranolol
99614-02-5, Ondansetron
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(diagnosing and treating ***small*** ***intestinal***
bacterial ***overgrowth*** : effects of antibiotics and
pathophysiol.)
IT 93197-02-5, Vivonex
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
(Biological study); USES (Uses)
(diagnosing and treating ***small*** ***intestinal***
bacterial ***overgrowth*** : effects of total enteral
nutrition)
IT 74-93-1, Methyl mercaptan, biological studies 75-18-3, Dimethylsulfide
870-23-5, Allyl mercaptan 2179-57-9, Allyl disulfide 2179-58-0, Allyl
methyl disulfide 7783-06-4, Hydrogen sulfide, biological studies
10152-76-8, Allyl methyl sulfide
RL: ANT (Analyte); DGN (Diagnostic use); ANST (Analytical study); BIOL
(Biological study); USES (Uses)
(diagnosis of ***small*** ***intestinal*** ***bacterial***
overgrowth)
IT 50-99-7D, Glucose, isotope-labeled, biological studies 57-50-1D,
Sucrose, isotope-labeled 58-86-6D, Xylose, isotope-labeled, biological
studies 59-30-3, Folic acid, biological studies 63-42-3D, Lactose,
isotope-labeled 4618-18-2D, Lactulose, isotope-labeled
RL: DGN (Diagnostic use); BIOL (Biological study); USES (Uses)
(diagnosis of ***small*** ***intestinal*** ***bacterial***
overgrowth)
IT 74-82-8, Methane, biological studies 1333-74-0, Hydrogen, biological
studies 7704-34-9D, Sulfur, compds.
RL: ANT (Analyte); DGN (Diagnostic use); ANST (Analytical study); BIOL
(Biological study); USES (Uses)

(exhaled; diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***)

IT 50-67-9, Serotonin, biological studies 57-10-3, Hexadecanoic acid, biological studies 57-11-4, Stearic acid, biological studies 60-33-3, Linoleic acid, biological studies 112-79-8, Elaidic acid 112-80-1, Oleic acid, biological studies 112-85-6, Behenic acid 112-86-7, Erucic acid 124-07-2, Caprylic acid, biological studies 142-62-1, Caproic acid, biological studies 143-07-7, Lauric acid, biological studies 334-48-5, Capric acid 373-49-9, Palmitoleic acid 463-40-1, Linolenic acid 506-30-9, Arachidic acid 506-32-1, Arachidonic acid 506-33-2, Brassidic acid 506-37-6, Nervonic acid 544-63-8, Myristic acid, biological studies 1002-96-6, Cetoleic acid 2441-53-4, Columbinic acid 2548-85-8, Clupanodonic acid 7440-69-9D, Bismuth, compds. 7553-56-2D, Iodine, compds. 7722-84-1, Hydrogen peroxide, biological studies 10417-94-4, Timnodonic acid 16110-51-3, Cromolyn 20590-32-3, Mead acid 25167-62-8, Docosahexaenoic acid 26764-41-0, Eicosenoic acid 60607-34-3, Oxatomide 83652-28-2, Calcitonin gene-related peptide 106388-42-5, Peptide YY
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions)

L12 ANSWER 5 OF 8 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 1998040244 EMBASE
TI Total gastrectomy: The influence of preserved duodenal transit and of pouch reconstruction on abdominal symptoms, ***nutrient*** assimilation, and medico-social functioning.
AU Bragelmann R.; Armbrecht U.; Rosemeyer D.; Schneider B.; Zilly W.; Stockbrugger R.W.
CS Dr. R. Bragelmann, Academisch Ziekenhuis Maastricht, P. Debyelaan 25, NL-6202 AZ Maastricht, Netherlands
SO Italian Journal of Gastroenterology and Hepatology, (1997) 29/3 (228-236). Refs: 41
ISSN: 1125-8055 CODEN: IJGAFI
CY Italy
DT Journal; Article
FS 016 Cancer
048 Gastroenterology
LA English
SL English
AB Background/Aims. The aim of this retrospective study was to establish whether patients with different reconstrution after total gastrectomy (duodenal bypass without pouch (subgroup Ia, n = 88); duodenal bypass with pouch (subgroup Ib, n = 27); continuous duodenal transit (subgroup II, n = 27)) differ concerning abdominal symptoms, ***nutrient*** assimilation, and medico-social functioning. Methods. The 142 patients (49 females, 93 males; mean age 57.2 years, (95% confidence interval 55 to 59)) after potentially curative total gastrectomy for gastric malignancy 500 days earlier (mean: 95% confidence interval 334 to 666) were evaluated for abdominal symptoms, biochemical and haematological parameters, endoscopic findings, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , oro-caecal transit time, objective signs of malassimilation, and the degree of medico-social functioning. Results. There were no significant differences between the subgroups in any of the parameters examined. Conclusion. In this study, neither

subjective nor objective patient data support preference for any single mode of the examined reconstructions after total gastrectomy. However small patient numbers, unstandardised reconstruction procedures and a recruitment bias might influence these findings.

TI Total gastrectomy: The influence of preserved duodenal transit and of pouch reconstruction on abdominal symptoms, ***nutrient*** assimilation, and medico-social functioning.

AB . . . bypass with pouch (subgroup Ib, n = 27); continuous duodenal transit (subgroup II, n = 27)) differ concerning abdominal symptoms, ***nutrient*** assimilation, and medico-social functioning. Methods. The 142 patients (49 females, 93 males; mean age 57.2 years, (95% confidence interval 55. . . days earlier (mean: 95% confidence interval 334 to 666) were evaluated for abdominal symptoms, biochemical and haematological parameters, endoscopic findings, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , oro-caecal transit time, objective signs of malassimilation, and the degree of medico-social functioning. Results. There were no significant differences between. . .

CT Medical Descriptors:
*total stomach resection
duodenum
nutrient
retrospective study
stomach cancer: SU, surgery
bacterial overgrowth
intestine transit time
malabsorption
human
male
female
major clinical study
adult
article

L12 ANSWER 6 OF 8 MEDLINE

AN 1998313705 MEDLINE

DN 98313705 PubMed ID: 9650019

TI The aging gut. Nutritional issues.

AU Saltzman J R; Russell R M

CS Division of Digestive Disease and Nutrition, University of Massachusetts Medical Center, Worcester, Massachusetts, USA.

SO GASTROENTEROLOGY CLINICS OF NORTH AMERICA, (1998 Jun) 27 (2) 309-24. Ref: 78
Journal code: 8706257. ISSN: 0889-8553.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)

LA English

FS Priority Journals

EM 199809

ED Entered STN: 19980917
Last Updated on STN: 19980917
Entered Medline: 19980910

AB With improvements in health care, living standards, and socioeconomic status, more adults are living to old age. As the population ages, it is

increasingly important to understand the factors that affect the nutritional status and thus the health status of older adults. Many factors contribute to inadequate nutrition, including health status, financial capacities, mobility, exercise, and physiologic needs. This article considered only the potential changes in nutritional needs because of alterations in the gastrointestinal tract owing to aging. One of the most remarkable changes with aging is the frequent development of atrophic gastritis and the inability to secrete gastric acid. This process affects approximately a third of older adults in the United States and only recently was recognized to be due to infection by H. pylori in the majority of cases. The lack of gastric acid in atrophic gastritis may lead to ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and influences the absorption of a variety of micronutrients, including iron, folate, calcium, vitamin K, and vitamin B12. Lactose maldigestion is a frequent condition in older adults and is extremely common worldwide. The intolerance of dairy products leads to avoidance of these foods and likely contributes to the development of osteopenia. Overall, the small intestine and pancreas undergo astonishingly few clinically significant changes with aging. The relative preservation of overall gastrointestinal function with aging is likely due to the large reserve capacity of this multiorgan system. Further research is needed to define the precise nutritional needs for older adults because simple extrapolation of values from younger adults is now recognized to be insufficient. In addition, it is no longer acceptable to define adequate nutriture in terms of amounts of vitamins needed to maintain serum levels of a ***nutrient*** . Further RDAs must consider the functional implications of adequate nutrition. ***Nutrients*** in the elderly will be measured as to whether they result in improvements in markers of chronic disease such as homocysteine or, most importantly, in the prevention of chronic disease such as osteoporosis and cardiovascular disease.

AB . . . infection by H. pylori in the majority of cases. The lack of gastric acid in atrophic gastritis may lead to ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and influences the absorption of a variety of micronutrients, including iron, folate, calcium, vitamin K, and vitamin B12. Lactose maldigestion. . . no longer acceptable to define adequate nutriture in terms of amounts of vitamins needed to maintain serum levels of a ***nutrient*** . Further RDAs must consider the functional implications of adequate nutrition. ***Nutrients*** in the elderly will be measured as to whether they result in improvements in markers of chronic disease such as. . .

L12 ANSWER 7 OF 8 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2001:354097 SCISEARCH
GA The Genuine Article (R) Number: 424MN
TI Pancreatic acinar atrophy in german shepherds
AU Rutz G M (Reprint); Steiner J M; Williams D A
CS Texas A&M Univ, Coll Vet Med, Dept Small Anim Med & Surg, College Stn, TX 77843 USA (Reprint)
CYA USA
SO COMPENDIUM ON CONTINUING EDUCATION FOR THE PRACTICING VETERINARIAN, (APR 2001) Vol. 23, No. 4, pp. 347-+.
Publisher: VETERINARY LEARNING SYSTEMS, 425 PHILLIPS BLVD #100, TRENTON, NJ 08618 USA.
ISSN: 0193-1903.

DT Article; Journal
LA English
REC Reference Count: 63
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Pancreatic acinar atrophy (PAA) occurs most commonly in German shepherds and has been shown to be hereditary in this breed. In this disease, pancreatic acinar cells undergo atrophy probably subsequent to immune-mediated inflammation, while islet cells are spared. The exocrine pancreas has a large secretory reserve and only when pancreatic function is decreased to less than approximately 10% do affected dogs develop signs of exocrine pancreatic insufficiency (EPI). EPI causes ***nutrient*** malabsorption, particularly of fat and fat-soluble vitamins. In most affected dogs, enzyme deficiency is complicated by concurrent ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***), which probably contributes to cobalamin malabsorption that often leads to subnormal serum concentrations of this vitamin. Signs most commonly observed in dogs with PAA are weight loss: polyphagia, soft feces, poor haircoat, borborygmus, and flatulence. Vomiting and anorexia are less common signs. clinical signs usually resolve completely in response to pancreatic enzyme supplementation although fat absorption does not normalize completely. Fat-soluble vitamins and cobalamin should be supplemented as required. In cases with concurrent ***SIBO*** that do not respond to therapy with replacement enzymes alone, antibiotic therapy for concurrent ***SIBO*** may be useful, as may be feeding of a highly digestible diet that is low in fiber.
AB . . . function is decreased to less than approximately 10% do affected dogs develop signs of exocrine pancreatic insufficiency (EPI). EPI causes ***nutrient*** malabsorption, particularly of fat and fat-soluble vitamins. In most affected dogs, enzyme deficiency is complicated by concurrent ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***), which probably contributes to cobalamin malabsorption that often leads to subnormal serum concentrations of this vitamin. Signs most commonly observed. . . although fat absorption does not normalize completely. Fat-soluble vitamins and cobalamin should be supplemented as required. In cases with concurrent ***SIBO*** that do not respond to therapy with replacement enzymes alone, antibiotic therapy for concurrent ***SIBO*** may be useful, as may be feeding of a highly digestible diet that is low in fiber.

L12 ANSWER 8 OF 8 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2000:451797 SCISEARCH
GA The Genuine Article (R) Number: 323LN
TI Exocrine pancreatic insufficiency in the dog
AU Rutz G M (Reprint); Steiner J M; Hirschberger J
CS TEXAS A&M UNIV, COLL VET MED, DEPT SMALL ANIM MED & SURG, GASTROINTESTINAL LAB, COLLEGE STN, TX 77843 (Reprint); UNIV MUNICH, MED TIERKLIN 1, D-80539 MUNICH, GERMANY
CYA USA; GERMANY
SO TIERARZTLICHE PRAXIS AUSGABE KLEINTIERE HEIMTIERE, (MAY 2000) Vol. 28, No. 3, pp. 138-144.
Publisher: F K SCHATTAUER VERLAG GMBH, P O BOX 10 45 43, LENZHALDE 3, D-70040 STUTTGART, GERMANY.
ISSN: 1434-1239.
DT Article; Journal

LA German
REC Reference Count: 34
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB The most common cause of exocrine pancreatic insufficiency (EPI) in the dog is pancreatic acinar atrophy. There are other underlying causes such as chronic pancreatitis and pancreatic neoplasia, that may result in EPI. Exocrine pancreatic insufficiency is the most common cause of maldigestion in the dog. The reduced amount of enzymes in the pancreatic juice and the lack of other important pancreatic secretory products lead to malabsorption of ***nutrients*** , such as cobalamin. In many dogs concurrent ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) is present. The most reliable test to diagnose EPI is serum trypsin-like immunoreactivity (cTLI). Measurement of serum cobalamin and serum folate allows evaluation for concurrent small intestinal disease. EPI in the dog can be treated with commercially available preparations of pancreatic enzymes, along with the supplementation of fat-soluble vitamins and cobalamin. Despite enzyme replacement, fat digestion does not return to normal because of the sensitivity of lipase in enzyme preparations to gastric acid. However, most dogs can be managed successfully by this therapy and do well on a commercial maintenance diet. In some cases the use of antibiotics is necessary to treat concurrent ***SIBO*** .
AB . . . amount of enzymes in the pancreatic juice and the lack of other important pancreatic secretory products lead to malabsorption of ***nutrients*** , such as cobalamin. In many dogs concurrent ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) is present. The most reliable test to diagnose EPI is serum trypsin-like immunoreactivity (cTLI). Measurement of serum cobalamin and serum. . . and do well on a commercial maintenance diet. In some cases the use of antibiotics is necessary to treat concurrent ***SIBO***
.
ST Author Keywords: exocrine pancreatic insufficiency; EPI; dog; pancreatic acinar atrophy; ***SIBO*** ; TLI; cobalamin/folate

=> d l11 bib ab 1-
YOU HAVE REQUESTED DATA FROM 286 ANSWERS - CONTINUE? Y/(N):y

L11 ANSWER 1 OF 286 MEDLINE
AN 2002056306 MEDLINE
DN 21634554 PubMed ID: 11772983
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** , intestinal permeability, and non-alcoholic steatohepatitis.
AU Riordan S M; Duncombe V M; Thomas M C; Nagree A; Bolin T D; McIver C J; Williams R
SO GUT, (2002 Jan) 50 (1) 136-8.
Journal code: 2985108R. ISSN: 0017-5749.
CY England: United Kingdom
DT Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 200201
ED Entered STN: 20020125
Last Updated on STN: 20020125

Entered Medline: 20020117

L11 ANSWER 2 OF 286 CAPLUS COPYRIGHT 2003 ACS DUPLICATE 1
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and related conditions
IN Lin, Henry C.; Pimentel, Mark
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018
WO 2002083926	A2	20021024	WO 2002-US12034	20020416

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI US 1995-442843 B1 19950517
US 1997-832307 A1 19970403
US 1999-359583 B2 19990722
US 1999-374142 A2 19990811
US 1999-420046 A2 19991018
US 2000-546119 A2 20000410
US 2001-837797 A 20010417

AB Disclosed is a method of treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) or a ***SIBO*** -caused condition in a human subject. ***SIBO*** -caused conditions include irritable bowel syndrome, fibromyalgia, chronic pelvic pain syndrome, chronic fatigue syndrome, depression, impaired mentation, impaired memory, halitosis, tinnitus, sugar craving, autism, attention deficit/hyperactivity disorder, drug sensitivity, an autoimmune disease, and Crohn's disease. Examples are provided showing effects of antibiotics on ***SIBO*** , demonstrating the roles of peptide YY and the serotoninergic/adrenergic/opioid pathways in ***SIBO*** , and the effects of ondansetron, propranolol, norepinephrine and naloxone on intestinal transit. The invention thus relates to slowing upper gastrointestinal transit, thereby enhancing the digestion and/or absorption of predigested nutrients. Gastrointestinal transit-slowing compns. comprise active agents such as lipids, serotonin, serotonin agonists, serotonin re-uptake inhibitors, peptide YY, calcitonin gene-related peptide, adrenergic agonists and opioid agonists. Also disclosed are a method of screening for the abnormally likely presence of

SIBO in a human subject and a method of detecting ***SIBO*** in a human subject. A method of detg. the relative severity of ***SIBO*** or a ***SIBO*** -caused condition in a human subject, in whom ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** has been detected, is also disclosed.

L11 ANSWER 3 OF 286 USPATFULL
AN 2002:185839 USPATFULL
TI LEATHERLIKE SHEET MATERIAL AND METHOD FOR PRODUCING SAME
IN SASAKI, KUNIHIKO, SHIMANE, JAPAN
SUZUKI, YOSHIYUKI, SHIMANE, JAPAN
PI US 2002098756 A1 20020725
US 6451716 B2 20020917
AI US 1999-331731 A1 19990624 (9)
WO 1998-JP4900 19981029
PRAI JP 1997-307364 19971110
DT Utility
FS APPLICATION
LREP SUGHRUE MION ZINN MACPEAK & SEAS, 2100 PENNSYVANIA AVENUE NW, WASHINGTON, DC, 20037
CLMN Number of Claims: 7
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1084
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Provided is a leatherlike sheet material which has a base material (I) comprising a nonwoven fabric (A) constituted with ultrafine-fiber bundles having single fineness of no greater than 0.2 de, a high molecular elastomer (B) and a high molecular elastomer (C), and in which a grained surface layer (II) comprising a high molecular elastomer (C)-constituted surface porous layer (D) and a surface finishing layer (E) is formed on at least one side of the surfaces of the base material (I), wherein the leatherlike sheet material is characterized in that the apparent density of the base material (I), the weight ratio of the nonwoven fabric (A) to the high molecular weight elastomer (B) and the high molecular elastomer (C) in the base material (I), the thickness of the grained surface layer (II), and the ratios of 20%-elongation load (.sigma.20)/5%-elongation load (.sigma.5) in the longitudinal direction and the transverse direction of the leatherlike sheet material satisfy their own specific ranges.

L11 ANSWER 4 OF 286 CAPLUS COPYRIGHT 2003 ACS DUPLICATE 2
AN 2002:862611 CAPLUS
TI Lower Frequency of MMC Is Found in IBS Subjects with Abnormal Lactulose Breath Test, Suggesting Bacterial Overgrowth
AU Pimentel, Mark; Soffer, Edy E.; Chow, Evelyn J.; Kong, Yuthana; Lin, Henry C.
CS USA. School of Medicine, California 90048, Los Angeles, Cedars-Sinai Medical Center, CSMC Burns and Allen Research Institute, Department of Medicine, GI Motility Program, University of California, Los Angeles, Los Angeles, CA, 90024, USA
SO Digestive Diseases and Sciences (2002), 47(12), 2639-2643
CODEN: DDSCDJ; ISSN: 0163-2116
PB Kluwer Academic/Plenum Publishers
DT Journal

LA English
AB We have recently described an assocn. between irritable bowel syndrome (IBS) and abnormal lactulose breath test, suggesting ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***). However, the mechanism by which ***SIBO*** develops in IBS is unknown. In this case-control study we evaluate the role of small intestinal motility in subjects with IBS and ***SIBO*** . Small intestinal motility was studied in consecutive IBS subjects with ***SIBO*** on lactulose breath test. After fluoroscopic placement of an eight-channel water-perfused manometry catheter, 4-h fasting recordings were obtained. Based on this, the no. and duration of phase III was compared to 30 control subjects. To test whether there was a relationship between the motility abnormalities seen and the ***SIBO*** status of the patient at the time of the motility, subjects with a breath test within 5 days of the antroduodenal manometry were also compared. Sixty-eight subjects with IBS and ***SIBO*** were compared to controls. The no. of phase III events was 0.7 .+-. 0.8 in IBS subjects and 2.2 .+-. 1.0 in controls ($P < 0.000001$). The duration of phase III was 305 .+-. 123 s in IBS subjects and 428 .+-. 173 in controls ($P < 0.001$). Subjects whose ***SIBO*** was still present at the time of manometry had less frequent phase III events than subjects with eradicated overgrowth ($P < 0.05$). In conclusion, phase III is reduced in subjects with IBS and ***SIBO*** . Eradication of bacterial overgrowth seems to result in some normalization of motility.

L11 ANSWER 5 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.DUPLICATE 3
AN 2002:551304 BIOSIS
DN PREV200200551304
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in human cirrhosis is associated with systemic endotoxemia.
AU Bauer, Tilman M. (1); Schwacha, Henning; Steinbrueckner, Bernhard; Brinkmann, Folke E.; Ditzen, Anette K.; Aponte, John J.; Pelz, Klaus; Berger, Dieter; Kist, Manfred; Blum, Hubert E.
CS (1) Department of Medicine II, University Hospital, Hugstetter Str. 55, D-79106, Freiburg Germany
SO American Journal of Gastroenterology, (September, 2002) Vol. 97, No. 9, pp. 2364-2370. http://www.elsevier.com/locate/amjgastro. print. ISSN: 0002-9270.
DT Article
LA English
AB OBJECTIVES: Systemic endotoxemia has been implicated in various pathophysiological sequelae of chronic liver disease. One of its potential causes is increased intestinal absorption of endotoxin. We therefore examined the association of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** with systemic endotoxemia in patients with cirrhosis. METHODS: Fifty-three consecutive patients with cirrhosis (Child-Pugh group A, 23; group B, 18; group C, 12) were included. Jejunal secretions were cultivated quantitatively and systemic endotoxemia determined by the chromogenic Limulus amoebocyte assay. Patients were followed up for 1 yr. RESULTS: ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** , defined as gtoreq105 total colony forming units per milliliter of jejunal secretions, was present in 59% of patients and strongly associated with acid

suppressive therapy. The mean plasma endotoxin level was 0.86+-0.48 endotoxin units/ml (range=0.03-1.44) and was significantly associated with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (0.99 vs 0.60 endotoxin units/ml, p=0.03). During the 1-yr follow-up, seven patients were lost to follow up or underwent liver transplantation and 12 patients died. Multivariate Cox regression showed Child-Pugh group to be the only predictor for survival. CONCLUSIONS: ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in cirrhotic patients is common and associated with systemic endotoxemia. The clinical relevance of this association remains to be defined.

L11 ANSWER 6 OF 286 CABA COPYRIGHT 2003 CABI
AN 2002:185225 CABA
DN 20023134119
TI Morphology and immunopathology of the small and large intestine in dogs with nonspecific dietary sensitivity
AU Zentek, J.; Hall, E. J.; German, A.; Haverson, K.; Bailey, M.; Rolfe, V.; Butterwick, R.; Day, M. J.
CS Institute of Animal Nutrition, School of Veterinary Medicine Hannover, Hannover, Germany.
SO Journal of Nutrition, (2002) Vol. 132, No. 6, pp. 1652S-1654S. Publisher: American Society for Nutritional Sciences. Bethesda ISSN: 0022-3166
CY United States
DT Journal
LA English
AB Diverse diseases of the small and large intestine can induce chronic diarrhea in dogs. Based on clinical, microbiological and histological findings the disorders can be classified into two main categories: one is ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** or antibiotic-responsive diarrhea; the other is chronic inflammatory bowel disease or steroid-responsive diarrhea. Both disease entities can induce severe clinical signs including loss of normal fecal consistency to severe diarrhea, maldigestion or malabsorption and associated symptoms such as weight loss and poor body condition. Although these diseases require medical and dietary treatment, there are less-severe intestinal disorders in dogs that are characterized by the production of unformed wet feces without further health impairment. This condition has been described for larger and very active breeds and seems to be of considerable practical significance. The underlying etiology is not clear, although a role for dietary sensitivity has been proposed. This type of dietary sensitivity seems not to be limited to a specific dietary ingredient and could be associated with a reduction in colonic function, given that water, sodium, potassium and chloride absorption is lower compared to that of nonaffected individuals. The loose fecal consistency can be reproduced by feeding different forms of commonly used commercial or home-cooked diets. Wet-type commercial diets, compared to dry food, seem to be more problematic. The reason behind this observation is not clear, but there are obvious differences in recipe formulation, particularly the type and quantity of dietary proteins, the source of dietary fiber and the presence or absence of water-binding substances such as jelling agents. Independent of the question of the dietary factors that might be responsible for the digestive disturbances, it would be useful to characterize potential abnormalities in gut morphology and immunopathology in dogs with nonspecific dietary sensitivity. In the present study we investigated

sensitive dogs of different breeds and a control group of healthy beagles, both fed with the same type of diet, to compare microarchitecture and immune cell populations in small and large bowel biopsies.

L11 ANSWER 7 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.DUPLICATE 4
AN 2003:9489 BIOSIS
DN PREV200300009489
TI Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and oro-cecal transit in diabetics.
AU Cuoco, Lucio (1); Montalto, Massimo; Jorizzo, Regina Anna; Santarelli, Luca; Arancio, Fabiola; Cammarota, Giovanni; Gasbarrini, Giovanni
CS (1) Istituto di Medicina Interna, Universita Cattolica del Sacro Cuore, Largo A Gemelli, 8, 00168, Roma, Italy: luciocuoco@tiscalinet.it Italy
SO Hepato-Gastroenterology, (November December 2002) Vol. 49, No. 48, pp. 1582-1586. print.
ISSN: 0172-6390.
DT Article
LA English
AB Background/Aims: Gastrointestinal motility disorders are often present in diabetic patients. Even if this problem has been attributed to autonomic neuropathy, the pathophysiological mechanisms responsible are not completely defined. Aim of our study was to evaluate the effect of eradication of small-intestine bacterial overgrowth on oro-cecal transit time in diabetic patients in order to identify a possible role of bacterial overgrowth on dysmotility. Methodology: We selected among 74 diabetic patients who underwent H2-lactulose breath test, 21 subjects (13M, 8F, mean age 43.7 years, 11 with type 1 and 10 with type 2 diabetes) affected by bacterial overgrowth and delayed oro-cecal transit time and with normal cardiovascular autonomic test. Patients were treated with rifaximin and underwent a control breath test. Data were analyzed using paired-data t-test. Results: Three patients still showed bacterial overgrowth, 5 persistent delayed transit time without bacterial overgrowth; 13 patients (62%) showed a significant ($P<0.001$) reduction of on oro-cecal transit time without bacterial overgrowth. Conclusions: Our results show that bacterial overgrowth may contribute to the delay of intestinal transit as confirmed by its significant improvement after eradication therapy.

L11 ANSWER 8 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.DUPLICATE 5
AN 2002:564047 BIOSIS
DN PREV200200564047
TI Diversity at eight polymorphic Alu insertion loci in Chinese populations shows evidence for European admixture in an ethnic minority population from Northwest China.
AU Xiao, Feng-Xia (1); Yang, Jun-Fang; Cassiman, Jean-Jacques (1); Decorte, Ronny (1)
CS (1) Center for Human Genetics, University of Leuven, Leuven Belgium
SO Human Biology, (August, 2002) Vol. 74, No. 4, pp. 555-568. print.
ISSN: 0018-7143.
DT Article
LA English
AB We have analyzed eight human-specific Alu insertion polymorphisms in four Chinese populations belonging to three ethnic groups (98 Hans from

Shanghai, 80 Hans from Guangzhou, 85 Uyghurs, and 60 Sibos). All populations exhibited high levels of average heterozygosity, and those in Uyghur and ***Sibo*** were higher than predicted by the island model of population structure. The degree of genetic differentiation among these populations is statistically significant, and lower than those observed in most parts of the world except for Europe and Sahul (Australia and New Guinea). Phylogenetic analysis of these data with published data from 29 worldwide populations shows that there is a close genetic affinity among all the East Asian populations except for the Uyghur, and that the Uyghur population was found to lie between the East Asian and the West Asian populations on the population tree. The greater heterozygosity and the significant genotype associations between unlinked loci observed for the Uyghurs support the scenario that the Uyghurs might have originated from an admixture between Europeans and East Asians. This study also provides further support for the "out-of-Africa" hypothesis of modern human evolution in East Asia.

L11 ANSWER 9 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 6
AN 2002395419 EMBASE
TI The treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** with enteric-coated peppermint oil: A case report.
AU Logan A.C.; Beaulne T.M.
CS A.C. Logan, Unit 4, 3600 Ellesmere Road, Toronto, Ont. M1C 4Y8, Canada
SO Alternative Medicine Review, (2002) 7/5 (410-417).
Refs: 75
ISSN: 1089-5159 CODEN: ALMRFP
CY United States
DT Journal; Article
FS 006 Internal Medicine
037 Drug Literature Index
048 Gastroenterology
LA English
SL English
AB Recent investigations have shown that bacterial overgrowth of the small intestine is associated with a number of functional somatic disorders, including irritable bowel syndrome (IBS), fibromyalgia, and chronic fatigue syndrome. A number of controlled studies have shown that enteric-coated peppermint oil (ECPO) is of benefit in the treatment of IBS. However, despite evidence of strong antimicrobial activity, ECPO has not been specifically investigated for an effect on ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***). A case report of a patient with ***SIBO*** who showed marked subjective improvement in IBS-like symptoms and significant reductions in hydrogen production after treatment with ECPO is presented. While further investigation is necessary, the results in this case suggest one of the mechanisms by which ECPO improves IBS symptoms is antimicrobial activity in the small intestine.

L11 ANSWER 10 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 2002398015 EMBASE
TI [***Small*** ***intestinal*** ***bacterial*** ***overgrowth***].
COLONISATION BACTERIENNE CHRONIQUE DU GRELE.
AU Attar A.
CS A. Attar, Service d'Hepato-Gastroenterologie, Hopital Avicenne, 125 rue de

Stalingrad, 93009 Bobigny Cedex, France. alain.attar@avc.ap-hop-paris.fr
SO Hepato-Gastro, (2002) 9/5 (371-376).
Refs: 27
ISSN: 1253-7020 CODEN: HEGAF6
CY France
DT Journal; (Short Survey)
FS 004 Microbiology
009 Surgery
037 Drug Literature Index
048 Gastroenterology
LA French

L11 ANSWER 11 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2002:416495 SCISEARCH
GA The Genuine Article (R) Number: 548AW
TI Small intestinal motility is abnormal in IBS subjects with ***small*** ***intestinal*** ***bacterial*** ***overgrowth***
AU Pimentel M (Reprint); Soffer E E; Chow E; Lin H C
SO GASTROENTEROLOGY, (APR 2002) Vol. 122, No. 4, Supp. [1], pp. A323-A323. MA M1554.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399 USA.
ISSN: 0016-5085.
DT Conference; Journal
LA English
REC Reference Count: 0

L11 ANSWER 12 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2002:416492 SCISEARCH
GA The Genuine Article (R) Number: 548AW
TI Patients with chronic renal failure have abnormal small intestinal motility and a high prevalence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***
AU Strid H R (Reprint); Simren M; Ringstrom G; Abrahamsson H; Bjornsson E
SO GASTROENTEROLOGY, (APR 2002) Vol. 122, No. 4, Supp. [1], pp. A323-A323. MA M1551.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399 USA.
ISSN: 0016-5085.
DT Conference; Journal
LA English
REC Reference Count: 0

L11 ANSWER 13 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2002:737525 SCISEARCH
GA The Genuine Article (R) Number: 587EY
TI Digestive manifestations in systemic sclerosis
AU Attar A (Reprint)
CS Hop Avicenne, Serv Hepatogastroenterol, F-93009 Bobigny, France (Reprint); Hop Lariboisiere, Serv Hepatogastroenterol & Assistance Nutr, F-75475 Paris 10, France
CYA France
SO ANNALES DE MEDECINE INTERNE, (JUN 2002) Vol. 153, No. 4, pp. 260-264.
Publisher: MASSON EDITEUR, 120 BLVD SAINT-GERMAIN, 75280 PARIS 06, FRANCE.
ISSN: 0003-410X.

DT Article; Journal
LA French
REC Reference Count: 35
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Gastrointestinal involvement occurs, in most patients with systemic sclerosis. Pathology is characterized by vasculopathy, resulting in tissue ischemia, progressive dysfunction and fibrosis. In its diffuse and visceral pattern, digestive manifestations may involve most of the intestinal tract and are the most frequent before renal, cardiac and pulmonary involvement. Whatever the visceral extension, about 80% of patients have digestive manifestations including gastroesophageal reflux, abnormalities of intestinal motility leading to chronic intestinal pseudo-obstruction and small bowel bacterial overgrowth and malnutrition. Long-term treatment of reflux with high-dose proton pump inhibitors appears safe and effective for symptom relief and may prevent recurrence of esophagitis and stricture. Prokinetic agents effective in pseudoobstruction include metoclopramide, domperidone, octreotide, and erythromycin.

L11 ANSWER 14 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2002:415820 SCISEARCH
GA The Genuine Article (R) Number: 548AW
TI Reduced accuracy of C-14-D-xylose breath test for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** : Experiences from a tropical developing country
AU Bardhan P K (Reprint); Kogon M; Gyr N
SO GASTROENTEROLOGY, (APR 2002) Vol. 122, No. 4, Supp. [1], pp. A193-A193. MA S1258.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399 USA.
ISSN: 0016-5085.
DT Conference; Journal
LA English
REC Reference Count: 0

L11 ANSWER 15 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 7
AN 2002:115849 BIOSIS
DN PREV200200115849
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** , intestinal permeability, and non-alcoholic steatohepatitis: Authors' reply.
AU Wigg, A. J. (1); Cummins, A. G.
CS (1) Department of Gastroenterology and Hepatology, Flinders Medical Center, Bedford Park, Adelaide, South Australia, 5042: AWigg.alan.wigg@flinders.edu.au Australia
SO Gut, (January, 2002) Vol. 50, No. 1, pp. 137-138. print.
ISSN: 0017-5749.
DT Article
LA English

L11 ANSWER 16 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 8
AN 2002:115848 BIOSIS
DN PREV200200115848

TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** , intestinal permeability, and non-alcoholic steatohepatitis.
AU Riordan, S. M. (1); Duncombe, V. M.; Thomas, M. C.; Nagree, A.; Bolin, T. D.; McIver, C. J.; Williams, R.
CS (1) Gastrointestinal and Liver Unit, Prince of Wales Hospital, Barker Street, Randwick, NSW, 2031: riordans@sesahs.nsw.gov.au Australia
SO Gut, (January, 2002) Vol. 50, No. 1, pp. 136-137. print.
ISSN: 0017-5749.
DT Article; Letter
LA English

L11 ANSWER 17 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 9
AN 2002:66900 CABA
DN 20023023617
TI Folic acid supplementation on red kidney bean-induced diarrhoea and enteric bacterial translocation into mesenteric lymph nodes in rats: a pilot study
AU Shoda, R.; Mahalanabis, D.; Islam, K. N.; Wahed, M. A.; Albert, M. J.
CS Clinical Science Division, ICDDR, B Centre for Health and Population Research, Dhaka, Bangladesh.
SO Acta Paediatrica, (2002) Vol. 91, No. 1, pp. 51-54. 13 ref.
ISSN: 0803-5253
DT Journal
LA English
AB Deaths following childhood diarrhoea, a major health problem in developing countries, are often associated with malnutrition and septicaemic complications. Folic acid has been used in the treatment of acute and chronic diarrhoea in the tropics. Using a rat model, we evaluated the protective effect of large doses of folic acid on diarrhoea, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and translocation of enteric bacteria into mesenteric lymph nodes induced by a raw red kidney bean-based diet containing lectin (phytohaemagglutinin). Long-Evans rats in 2 groups of 5 each (60 g to 70 g in weight, 28 days old) were used. All 10 rats, individually kept in metabolic cages, received a raw red kidney bean-based diet for 10 days, and 5 of them also received a daily folic acid supplement (160 micro g/g feed) both during and for 10 days before the experiment. The faecal weight was measured and a quantitative aerobic bacterial culture of the small intestinal mucosal scrapings and of the mesenteric lymph nodes was made. Folic acid supplementation did not reduce faecal output nor did it prevent loss of body weight associated with lectin-induced diarrhoea. However, the mean total count of enteric bacteria translocated to the mesenteric lymph nodes was significantly reduced in the supplemented rats (1.27 plus or minus 0.61 vs. 2.66 plus or minus 0.84, P=0.028) and a trend towards reduced bacterial count in the small intestinal mucosal scrapings (0.40 plus or minus 0.89 vs. 1.42 plus or minus 1.31, P=0.16) was documented. A significant positive correlation was also seen between the bacterial count in the jejunal mucosal scrapings and in the mesenteric lymph nodes. Conclusion: Although large-dose folic acid supplementation did not prevent diarrhoea and malnutrition induced by a lectin-based diet, it substantially reduced the count of enteric bacteria translocated into the mesenteric lymph nodes and showed a trend towards a reduction in indigenous bacteria adhering to jejunal mucosa. These findings could be of relevance in the prevention of septicaemic complications following many

clinical conditions, including diarrhoea with malnutrition in children known to have bacteraemic and septicaemic complications.

L11 ANSWER 18 OF 286 LIFESCI COPYRIGHT 2003 CSA
AN 2002:57875 LIFESCI
TI Molecular phylogenetic analysis of the genus Erebia (Lepidoptera, Nymphalidae)
AU Sekiguchi, M.; Nakatani, T.; Shinkawa, T.; Kogure, M.
CS 5-20-15 Bessho, Saitama, Saitama 336-0021; E-mail: fwpd9876@mb.infoweb.ne.jp
SO Transactions of the Lepidopterological Society of Japan [Trans. Lepidopterol. Soc. Jap.], (20020110) vol. 53, no. 1, pp. 1-11. ISSN: 0024-0974.
DT Journal
FS Z
LA Japanese
SL English; Japanese
AB The nucleotide sequences of mitochondrial genes encoding 16s rRNA (16s) and NADH-dehydrogenase subunit 1 (ND1) were analyzed for 30 species in the genus Erebia. A molecular phylogenetic tree inferred from conjunction of 16s and ND1 gene sequences (735 base pair in total) suggested that the genus Erebia is divided into at least three clusters. We tentatively call the clusters a typical Erebia, an atypical Erebia and a far Erebia, respectively. The typical Erebia includes 23 out of 30 species analyzed, implying that this is the main group of the genus Erebia. The atypical Erebia consists of E. ***sibo*** , E. kalmuka, E. meta, E. turanica, E. radians, which are species mainly distributed in high-altitude regions of Central Asia. The far Erebia consists of E. wanga and E. rossii, and these two species have a common feature in the spot of their forewings. There are seven sub-groups in the typical Erebia. One of the sub-groups, which consists of E. neriene, E. niphonica, E. alcmena and E. aethiops, is further analyzed using a mitochondrial gene encoding NADH-dehydrogenase subunit 5 (ND5). We make a particular discussion on this sub-group in the present study.

L11 ANSWER 19 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2002:542508 BIOSIS
DN PREV200200542508
TI Elemental diet is more effective than antibiotics in normalizing lactulose breath test in IBS.
AU Pimentel, Mark (1); Bajwa, Meera (1); Constantino, Tess A. (1); Kong, Yuthana (1); Lin, Henry C. (1)
CS (1) Los Angeles, CA USA
SO Gastroenterology, (April, 2002) Vol. 122, No. 4 Suppl. 1, pp. A-323. http://www.gastrojournal.org/. print.
Meeting Info.: Digestive Disease Week and the 103rd Annual Meeting of the American Gastroenterological Association San Francisco, CA, USA May 19-22, 2002
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 20 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2002:542510 BIOSIS
DN PREV200200542510

TI Small intestinal motility is abnormal in IBS subjects with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Pimentel, Mark (1); Soffer, Edy E.; Chow, Evelyn; Lin, Henry C.
CS (1) Los Angeles, CA USA
SO Gastroenterology, (April, 2002) Vol. 122, No. 4 Suppl. 1, pp. A-323. http://www.gastrojournal.org/. print.
Meeting Info.: Digestive Disease Week and the 103rd Annual Meeting of the American Gastroenterological Association San Francisco, CA, USA May 19-22, 2002
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 21 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2002:542507 BIOSIS
DN PREV200200542507
TI Patients with chronic renal failure have abnormal small intestinal motility and a high prevalence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Strid, Hans R. (1); Simren, Magnus; Ringstrom, Gisela; Abrahamsson, Hasse; Bjornsson, Einar
CS (1) Boras Sweden
SO Gastroenterology, (April, 2002) Vol. 122, No. 4 Suppl. 1, pp. A-323. http://www.gastrojournal.org/. print.
Meeting Info.: Digestive Disease Week and the 103rd Annual Meeting of the American Gastroenterological Association San Francisco, CA, USA May 19-22, 2002
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 22 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2002:518932 BIOSIS
DN PREV200200518932
TI Reduced accuracy of 14C-D-xylose breath test for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** : Experiences from a tropical developing country.
AU Bardhan, Pradip K. (1); Kogon, Manuela; Gyr, Niklaus
CS (1) Dhaka, 1000 Bangladesh
SO Gastroenterology, (April, 2002) Vol. 122, No. 4 Suppl. 1, pp. A-193. http://www.gastrojournal.org/. print.
Meeting Info.: Digestive Disease Week and the 103rd Annual Meeting of the American Gastroenterological Association San Francisco, CA, USA May 19-22, 2002
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 23 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 10
AN 2002:71644 BIOSIS
DN PREV200200071644
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** is associated with irritable bowel syndrome: The cart lands squarely in front of the horse.

AU Jones, Michael P. (1); Craig, Robert; Olinger, Edward
CS (1) Division of Gastroenterology and Hepatology, Northwestern University, 251 East Huron Street, Galter Pavilion 4-104, Chicago, IL, 60611-2908 USA
SO American Journal of Gastroenterology, (November, 2001) Vol. 96, No. 11, pp. 3204. http://www.elsevier.com/locate/amjgastro. print.
ISSN: 0002-9270.
DT Letter
LA English

L11 ANSWER 24 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 11
AN 2001:422533 BIOSIS
DN PREV200100422533
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** and the irritable bowel syndrome.
AU Riordan, Stephen M. (1); McIver, Christopher J.; Duncombe, Vic M.; Thomas, Mervyn C.; Nagree, Ammar; Bolin, Terry D.
CS (1) Department of Gastroenterology, The Prince of Wales Hospital, Barker Street, Randwick, NSW, 2031 Australia
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2506-2507. print.
ISSN: 0002-9270.
DT Letter
LA English
SL English

L11 ANSWER 25 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 12
AN 2001:422532 BIOSIS
DN PREV200100422532
TI Re: Pimentel et al.: Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** reduces symptoms of irritable bowel syndrome.
AU Mishkin, Daniel (1); Mishkin, Seymour
CS (1) 4060 St. Catherine Street West, No. 770, Montreal, Quebec, H3Z 2Z3 Canada
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2505. print.
ISSN: 0002-9270.
DT Letter
LA English
SL English

L11 ANSWER 26 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 13
AN 2001:431833 BIOSIS
DN PREV200100431833
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** and symptoms of irritable bowel syndrome.
AU Cuoco, Lucio (1); Cammarota, Giovanni; Jorizzo, Reginanna; Gasbarrini, Giovanni
CS (1) Istituto di Medicina Interna, Policlinico "A. Gemelli" - Universita Cattolica del Sacro Cuore, L. go A. Gemelli 8, 00168, Roma Italy
SO American Journal of Gastroenterology, (July, 2001) Vol. 96, No. 7, pp. 2281-2282. print.

ISSN: 0002-9270.
DT Letter
LA English
SL English

L11 ANSWER 27 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2002:71645 BIOSIS
DN PREV200200071645
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** is associated with irritable bowel syndrome: The cart lands squarely in front of the horse: Response to Drs. Jones et al.
AU Pimentel, Mark (1); Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (November, 2001) Vol. 96, No. 11, pp. 3204-3205. http://www.elsevier.com/locate/amjgastro. print.
ISSN: 0002-9270.
DT Letter
LA English

L11 ANSWER 28 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2001:422534 BIOSIS
DN PREV200100422534
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** and the irritable bowel syndrome: Response to Dr. Riordan et al.
AU Pimentel, Mark (1); Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2507-2508. print.
ISSN: 0002-9270.
DT Letter
LA English
SL English

L11 ANSWER 29 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2001:422428 BIOSIS
DN PREV200100422428
TI Re: Pimentel et al.: Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** reduces symptoms of irritable bowel syndrome: Response to Drs. Mishkin.
AU Pimentel, Mark (1); Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2505-2506. print.
ISSN: 0002-9270.
DT Letter
LA English
SL English

L11 ANSWER 30 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 2001:112376 CAPLUS
TI Method of diagnosing irritable bowel syndrome and other disorders caused

by ***small*** ***intestinal*** ***bacterial***
overgrowth by detecting the presence of anti-saccharomyces cerivisiae antibodies (asca) in human serum
IN Lin, Henry C.; Pimental, Mark
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001011334	A2	20010215	WO 2000-US22168	20000811
WO 2001011334	A3	20010712		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRAI US 1999-374143 A 19990811
AB Disclosed is a method of diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***), irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder (ADHD), or an autoimmune disease by sampling serum from a human subject having a suspected diagnosis of any of these conditions and analyzing the serum for the presence of ASCA, which corroborates the suspected diagnosis. A method of determining a predisposition for developing Crohn's, in a human subject who does not present a set of symptoms characteristic of the disease and who has ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , involves sampling serum from the subject and analyzing the serum for the presence or absence of ASCA. The presence of ASCA in the serum indicates a predisposition for developing Crohn's disease. Also disclosed is a kit for diagnosing and treating ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, or an autoimmune disease, such as multiple sclerosis or systemic lupus erythematosus. The kit is useful to improve symptoms, including hyperalgesia related to ***SIBO*** and disorders caused by ***SIBO*** .

L11 ANSWER 31 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 2001:115322 CAPLUS
DN 134:159863
TI Methods of diagnosing or treating irritable bowel syndrome and other disorders caused by ***small*** ***intestinal*** ***bacterial*** ***overgrowth***
IN Lin, Henry C.; Pimental, Mark
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl., 43 pp.
CODEN: PIXXD2

DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001011077	A2	20010215	WO 2000-US22030	20000811
WO 2001011077	A3	20010830		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

EP 1200828	A2	20020502	EP 2000-952739	20000811

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL

PRAI US 1999-374142 A 19990811
WO 2000-US22030 W 20000811

AB Disclosed is a method of diagnosing irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, autoimmune diseases, such as multiple sclerosis and systemic lupus erythematosus, or Crohn's disease, which involves detecting the presence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) in a human subject having at least one symptom assocd. with a suspected diagnosis of any of those diagnostic categories. Also disclosed is a method of treating these disorders, and other disorders caused by ***SIBO*** , that involves at least partially eradicating a ***SIBO*** condition in the human subject. The method includes administration of anti-microbial or probiotic agents, or normalizing intestinal motility by employing a prokinetic agent. The method improves symptoms, including hyperalgesia related to ***SIBO*** and disorders caused by ***SIBO*** . Also disclosed is a kit for the diagnosis or treatment of irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, autoimmune diseases, or Crohn's disease. Breath hydrogen testing was done on patients after an overnight fast and swallowing Chronulac formula contg. 10 g lactulose. Breath samples were analyzed for hydrogen content with a gas chromatograph.

L11 ANSWER 32 OF 286 USPATFULL
AN 2001:221042 USPATFULL
TI Use of 5-aminosalicylates as antimicrobial agents
IN Lin, Henry C., Manhattan Beach, CA, United States
Pimentel, Mark, Los Angeles, CA, United States
PA Cedars-Sinai Medical Center, Los Angeles, CA, United States (U.S. corporation)
PI US 6326364 B1 20011204
AI US 1999-246645 19990208 (9)
DT Utility
FS GRANTED
EXNAM Primary Examiner: Weddington, Kevin E.
LREP Sidley Austin Brown & Wood

CLMN Number of Claims: 84
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1770
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A method of inhibiting the growth of a bacterial species in a human or non-human vertebrate employs the antimicrobial (i.e., antibiotic) properties of 5-aminosalicylates. These antimicrobial properties are also employed in an antimicrobial method of inhibiting the growth of a bacterial species in a foodstuff and in foodstuffs containing a 5-aminosalicylate compound. Pharmaceutical compositions, foodstuffs, food containers, food-handling implements, cleansers, polishes, paints, sprays, soaps, or detergents comprise 5-aminosalicylate compounds, such as mesalamine, sulphasalazine, olsalazine, ipsalazine, salicylazobenzoic acid, balsalazide, or conjugated bile acids, including ursodeoxycholic acid-5-aminosalicylic acid. The present pharmaceutical compositions can be formulated for ingestive, colonic, or topical non-systemic delivery systems or for any systemic delivery systems. Formulation can be for human or veterinary administration. Using the method and pharmaceutical preparations the growth of bacterial species, such as Clostridium perfringens, Clostridium difficile, Clostridium botulinum, and Clostridium tetani can be inhibited.

L11 ANSWER 33 OF 286 USPATFULL
AN 2001:116522 USPATFULL
TI Non-invasive test for assessing bacterial overgrowth of the small intestine
IN Wagner, David A., Nashua, NH, United States
PA Metabolic Solutions, Inc., Nashua, NH, United States (U.S. corporation)
PI US 6264913 B1 20010724
AI US 1999-293191 19990416 (9)
PRAI US 1998-84723P 19980508 (60)
DT Utility
FS GRANTED
EXNAM Primary Examiner: Dudash, Diana; Assistant Examiner: Sharareh, Shahnam
LREP Jenkens & Gilchrist A Professional Corporation
CLMN Number of Claims: 14
ECL Exemplary Claim: 1
DRWN 1 Drawing Figure(s); 1 Drawing Page(s)
LN.CNT 348
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Provided herein is a novel breath test for assessing bacterial overgrowth. The test involves administration of a labeled sorbitol or sorbitol derivative to a subject and measurement of the label in breath and/or blood.

L11 ANSWER 34 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 2001415846 EMBASE
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** is associated with irritable bowel syndrome: The cart lands squarely in front of the horse [1] (multiple letters).
AU Jones M.P.; Craig R.; Olinger E.; Pimentel M.; Lin H.C.
CS Dr. M.P. Jones, Division Gastroenterology, Northwestern University, Galter Pavilion 4-104, 251 East Huron Street, Chicago, IL 60611-2908, United States

SO American Journal of Gastroenterology, (2001) 96/11 (3204-3205).
ISSN: 0002-9270 CODEN: AJGAAR
CY United States
DT Journal; Letter
FS 048 Gastroenterology
LA English

L11 ANSWER 35 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2001:909791 SCISEARCH
GA The Genuine Article (R) Number: 493UV
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth is associated with irritable bowel syndrome: The cart lands squarely in front of the horse - Response
AU Pimentel M (Reprint); Lin H C
CS Northwestern Univ, Div Gastroenterol & Hepatol, Galter Pavil 4-104, 251 E Huron St, Chicago, IL 60611 USA (Reprint); Northwestern Univ, Sch Med, Chicago, IL 60611 USA
CYA USA
SO AMERICAN JOURNAL OF GASTROENTEROLOGY, (NOV 2001) Vol. 96, No. 11, pp. 3202-3203.
Publisher: ELSEVIER SCIENCE INC, 655 AVENUE OF THE AMERICAS, NEW YORK, NY 10010 USA.
ISSN: 0002-9270.
DT Letter; Journal
LA English
REC Reference Count: 0

L11 ANSWER 36 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2001:909790 SCISEARCH
GA The Genuine Article (R) Number: 493UV
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth is associated with irritable bowel syndrome: The cart lands squarely in front of the horse
AU Jones M P (Reprint); Craig R; Olinger E
CS Northwestern Univ, Sch Med, Chicago, IL 60611 USA (Reprint)
CYA USA
SO AMERICAN JOURNAL OF GASTROENTEROLOGY, (NOV 2001) Vol. 96, No. 11, pp. 3202-3202.
Publisher: ELSEVIER SCIENCE INC, 655 AVENUE OF THE AMERICAS, NEW YORK, NY 10010 USA.
ISSN: 0002-9270.
DT Letter; Journal
LA English
REC Reference Count: 2

L11 ANSWER 37 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 14
AN 2001:530239 BIOSIS
DN PREV200100530239
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth in patients with cirrhosis: Prevalence and relation with spontaneous bacterial peritonitis.
AU Bauer, Tilman M. (1); Steinbrueckner, Bernhard; Brinkmann, Folke E.; Ditzen, Anette K.; Schwacha, Henning; Aponte, John J.; Pelz, Klaus; Kist, Manfred; Blum, Hubert E.

CS (1) Department of Medicine II, University Hospital, Hugstetter Str. 55, D-79106, Freiburg Germany
SO American Journal of Gastroenterology, (October, 2001) Vol. 96, No. 10, pp. 2962-2967. print.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB Objectives: The significance of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in patients with cirrhosis is not fully understood and its diagnostic criteria are not uniform. We examined the association of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** with spontaneous bacterial peritonitis and compared various microbiological criteria. Methods: Jejunal secretions from 70 patients with cirrhosis were cultivated quantitatively and classified according to various definitions. Clinical characteristics of patients were evaluated and the incidence of spontaneous bacterial peritonitis was monitored during a 1-yr follow-up. Results: ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** , defined as gtoreq105 total colony-forming units/ml jejunal secretions, was present in 61% of patients. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** was associated with acid-suppressive therapy (p=0.01) and hypochlorhydria (p<0.001). Twenty-nine patients with persistent ascites were observed. Six episodes of spontaneous bacterial peritonitis occurred after an average 12.8 wk. Occurence of spontaneous bacterial peritonitis correlated with ascitic fluid protein concentration (p=0.01) and serum bilirubin (p=0.04) but not with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (p=0.39). Its association with acid-suppressive therapy was of borderline significance (hazard ratio=7.0, p=0.08). Conclusions: ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in cirrhotic patients is associated with acid-suppressive therapy and hypochlorhydria, but not with spontaneous bacterial peritonitis. The potential role of acid-suppressive therapy in the pathogenesis of spontaneous bacterial peritonitis merits further studies.

L11 ANSWER 38 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2001:661602 SCISEARCH
GA The Genuine Article (R) Number: 462TA
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** and the irritable bowel syndrome - Response to Dr. Riordan et al.
AU Pimentel M (Reprint); Lin H C
CS Burns & Allen Res Inst, Cedars Sinai Med Ctr, Dept Med, GI Motil Program, 8635 W 3rd St, Suite 770, Los Angeles, CA 90048 USA (Reprint); Burns & Allen Res Inst, Cedars Sinai Med Ctr, Dept Med, GI Motil Program, Los Angeles, CA 90048 USA; Univ Calif Los Angeles, Sch Med, Los Angeles, CA USA
CYA USA
SO AMERICAN JOURNAL OF GASTROENTEROLOGY, (AUG 2001) Vol. 96, No. 8, pp. 2507-2508.
Publisher: ELSEVIER SCIENCE INC, 655 AVENUE OF THE AMERICAS, NEW YORK, NY 10010 USA.
ISSN: 0002-9270.
DT Letter; Journal

LA English
REC Reference Count: 3

L11 ANSWER 39 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 15
AN 2001295610 EMBASE
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth and the irritable bowel syndrome [3] (multiple letters).
AU Riordan S.M.; McIver C.J.; Duncombe V.M.; Thomas M.C.; Nagree A.; Bolin T.D.; Pimentel M.; Lin H.C.
CS Dr. S.M. Riordan, Department of Gastroenterology, Prince of Wales Hospital, Barker Street, Randwick, NSW 2031, Australia
SO American Journal of Gastroenterology, (2001) 96/8 (2506-2508).
ISSN: 0002-9270 CODEN: AJGAAR
CY United States
DT Journal; Letter
FS 004 Microbiology
037 Drug Literature Index
048 Gastroenterology
LA English

L11 ANSWER 40 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 16
AN 2001297875 EMBASE
TI Re: Pimentel et al. - Eradication of ***small*** ***intestinal***
bacterial ***overgrowth*** reduces symptoms of irritable bowel syndrome [2] (multiple letters).
AU Mishkin D.; Mishkin S.; Pimentel M.; Lin H.C.
CS Dr. D. Mishkin, 4060 St. Catherine Street West, 770, Montreal, Que. H3Z 2Z3, Canada
SO American Journal of Gastroenterology, (2001) 96/8 (2505-2506).
ISSN: 0002-9270 CODEN: AJGAAR
CY United States
DT Journal; Letter
FS 004 Microbiology
037 Drug Literature Index
048 Gastroenterology
LA English

L11 ANSWER 41 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2001:661599 SCISEARCH
GA The Genuine Article (R) Number: 462TA
TI Re: Pimentel et al. - Eradication of ***small*** ***intestinal***
bacterial ***overgrowth*** reduces symptoms of irritable bowel syndrome
AU Mishkin D (Reprint); Mishkin S
CS 4060 St Catherine St W 770, Montreal, PQ H3Z 2Z3, Canada (Reprint); McGill Univ, Dept Internal Med, Dept Gastroenterol, Sir Mortimer B Davis Jewish Gen Hosp, Ctr Hlth, Montreal, PQ, Canada
CYA Canada
SO AMERICAN JOURNAL OF GASTROENTEROLOGY, (AUG 2001) Vol. 96, No. 8, pp. 2505-2505.
Publisher: ELSEVIER SCIENCE INC, 655 AVENUE OF THE AMERICAS, NEW YORK, NY 10010 USA.
ISSN: 0002-9270.
DT Letter; Journal

LA English
REC Reference Count: 4

L11 ANSWER 42 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 17
AN 2001253650 EMBASE
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** and symptoms of irritable bowel syndrome [16].
AU Cuoco L.; Cammarota G.; Jorizzo R.; Gasbarrini G.
CS Dr. L. Cuoco, Istituto di Medicina Interna, Policlinico A. Gemelli, Universita Cattolica del Sacro Cuore, L.go A. Gemelli, 8, 00168 Roma, Italy
SO American Journal of Gastroenterology, (2001) 96/7 (2281-2282).
Refs: 4
ISSN: 0002-9270 CODEN: AJGAAR
CY United States
DT Journal; Letter
FS 037 Drug Literature Index
048 Gastroenterology
LA English

L11 ANSWER 43 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 18
AN 2001:240336 BIOSIS
DN PREV200100240336
TI Long-term treatment with cisapride and antibiotics in liver cirrhosis: Effect on small intestinal motility, bacterial overgrowth, and liver function.
AU Madrid, Ana Maria (1); Hurtado, Carmen; Venegas, Mauricio; Cumsille, Francisco; Defilippi, Carlos
CS (1) Centro de Gastroenterologia Hospital Clinico U. de Chile, Santos Dumont 999-Independencia, Santiago Chile
SO American Journal of Gastroenterology, (April, 2001) Vol. 96, No. 4, pp. 1251-1255. print.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB OBJECTIVES: Altered small-bowel motility, lengthening of the orocecal transit time, and ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** have been described in patients with liver cirrhosis. These changes might be related to the progressive course and poor prognosis of the disease. We investigated the effect of a long-term treatment with cisapride and an antibiotic regimen on small-intestinal motor activity, orocecal transit time, bacterial overgrowth, and some parameters of liver function. METHODS: Thirty-four patients with liver cirrhosis of different etiology entered in the study. They were randomly allocated to receive cisapride (12), an alternating regimen of norfloxacin and neomycin (12), or placebo (10) during a period of 6 months. At entry and at 3 and 6 months, a stationary small-intestinal manometry was performed, and orocecal transit time and ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** were also investigated using the H2 breath test. Liver function was estimated with clinical and laboratory measurements (Child-Pugh score). RESULTS: After 6 months, both cisapride and antibiotics significantly improved fasting cyclic activity, reduced the duration of orocecal transit time, and

decreased ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** . Cisapride administration was followed also by an increase in the amplitude of contractions. No statistically significant variations in these parameters were observed with placebo. An improvement of liver function was observed at 3 and 6 months with both cisapride and antibiotics. CONCLUSIONS: Long-term treatment with cisapride or antibiotics reversed altered small-intestinal motility and bacterial overgrowth in patients with liver cirrhosis. These findings suggest a possible role for prokinetics and antibiotics as a modality of treatment in selected cases of decompensated cirrhosis.

L11 ANSWER 44 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 19
AN 2001206392 EMBASE
TI [Small bowel bacterial overgrowth].
COLONISATION BACTERIENNE CHRONIQUE DE L'INTESTIN GRELE.
AU Bouhnik Y.
CS Y. Bouhnik, Hopital Lariboisiere - Saint-Lazare, 2, rue Ambroise-Pare, 75475 Paris Cedex 10, France. yoram.bouhnik@lrb.ap-hop-paris.fr
SO Revue du Praticien, (15 May 2001) 51/9 (964-968).
Refs: 19
ISSN: 0035-2640 CODEN: REPRA3
CY France
DT Journal; Article
FS 004 Microbiology
006 Internal Medicine
037 Drug Literature Index
048 Gastroenterology
LA French
SL English; French
AB The ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) is defined by the presence in the proximal part of the intestine of a bacterial population and qualitatively abnormal. It is necessary to distinguish the "non-symptomatic" ***SIBO*** and the "symptomatic" ***SIBO*** responsible for a chronic diarrhoea and/or of a malabsorption syndrome. The main factor encouraging the intervening of a ***SIBO*** is the stasis of the intestinal juice. The gold standard test to confirm the diagnosis of ***SIBO*** is the jejunal bacteriological intubation, but it is about a trying and expensive method. It is currently supplanted by the respiratory test to hydrogen after ingestion of glucose that is simple, no invasive and little expensive. The treatment usually consists on the repeated administration of antibiotics and nutritional support.

L11 ANSWER 45 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2001:501680 SCISEARCH
GA The Genuine Article (R) Number: 429KA
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** is significantly more prevalent in IBS compared to controls
AU Pimentel M (Reprint); Chow E J; Lin H C
CS Univ Calif Los Angeles, Cedars Sinai Med Ctr, Los Angeles, CA 90048 USA
CYA USA
SO GASTROENTEROLOGY, (APR 2001) Vol. 120, No. 5, Supp. [1], pp. A758-A758. MA 4069.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE

300, PHILADELPHIA, PA 19106-3399 USA.
ISSN: 0016-5085.
DT Conference; Journal
LA English
REC Reference Count: 0

L11 ANSWER 46 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 20
AN 2001:166125 BIOSIS
DN PREV200100166125
TI Small intestinal mucosal immunity and morphometry in luminal overgrowth of indigenous gut flora.
AU Riordan, Stephen M. (1); McIver, Christopher J.; Wakefield, Denis; Duncombe, Vic M.; Thomas, Mervyn C.; Bolin, Terry D.
CS (1) Department of Gastroenterology, Prince of Wales Hospital, Barker Street, Randwick, NSW, 2031 Australia
SO American Journal of Gastroenterology, (February, 2001) Vol. 96, No. 2, pp. 494-500. print.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB OBJECTIVE: The aim of this study was to investigate the separate effects of indigenous oropharyngeal- and colonic-type flora on small intestinal mucosal immunity and morphometry in ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***). METHODS: A duodenal aspirate and random biopsies of underlying mucosa were obtained from 52 adult subjects (age range, 18-90 yr; median, 60 yr) without disorders that may otherwise disturb small intestinal histology or mucosal immunity. Villus height, crypt depth, villus/crypt ratios, counts of intraepithelial lymphocytes (IELs) and lamina propria total mononuclear cells, IgA, IgM, and IgG plasma cells, mast cells, and B and T lymphocytes were determined in relation to the presence or absence of ***SIBO*** and the nature of the overgrowth flora in all subjects. CD4+ve and CD8+ve T-cell counts were determined in 24 subjects. RESULTS: ***SIBO*** was present in 26 of 52 (50%) subjects. Overgrowth flora included colonic-type bacteria in 20 subjects and oropharyngeal-type flora alone in 6 subjects. Lamina propria IgA plasma cell counts were significantly increased in subjects with SEBO, irrespective of whether the overgrowth flora comprised oropharyngeal-type flora alone or included colonic-type bacteria. Neither villus height, crypt depth, villus/crypt ratios, nor total or other mononuclear cell counts in lamina propria differed significantly between subjects with and without ***SIBO*** , irrespective of the nature of the overgrowth flora. IEL counts were significantly higher than in culture-negative subjects only when the overgrowth flora included colonic-type bacteria. Even then, IEL counts were within a range currently considered normal. A significant, inverse correlation between advancing age and IEL counts became apparent after adjusting for the effect of ***SIBO*** of colonic-type flora. CONCLUSIONS: ***SIBO*** of oropharyngeal- and colonic-type flora are associated with differing disturbances of local duodenal mucosa. Nonetheless, these would not be readily apparent during routine histological assessment. Old age independently influences duodenal IEL counts.

L11 ANSWER 47 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)

AN 2001:354097 SCISEARCH
GA The Genuine Article (R) Number: 424MN
TI Pancreatic acinar atrophy in german shepherds
AU Rutz G M (Reprint); Steiner J M; Williams D A
CS Texas A&M Univ, Coll Vet Med, Dept Small Anim Med & Surg, College Stn, TX 77843 USA (Reprint)
CYA USA
SO COMPENDIUM ON CONTINUING EDUCATION FOR THE PRACTICING VETERINARIAN, (APR 2001) Vol. 23, No. 4, pp. 347-+.
Publisher: VETERINARY LEARNING SYSTEMS, 425 PHILLIPS BLVD #100, TRENTON, NJ 08618 USA.
ISSN: 0193-1903.
DT Article; Journal
LA English
REC Reference Count: 63
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Pancreatic acinar atrophy (PAA) occurs most commonly in German shepherds and has been shown to be hereditary in this breed. In this disease, pancreatic acinar cells undergo atrophy probably subsequent to immune-mediated inflammation, while islet cells are spared. The exocrine pancreas has a large secretory reserve and only when pancreatic function is decreased to less than approximately 10% do affected dogs develop signs of exocrine pancreatic insufficiency (EPI). EPI causes nutrient malabsorption, particularly of fat and fat-soluble vitamins. In most affected dogs, enzyme deficiency is complicated by concurrent ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***), which probably contributes to cobalamin malabsorption that often leads to subnormal serum concentrations of this vitamin. Signs most commonly observed in dogs with PAA are weight loss: polyphagia, soft feces, poor haircoat, borborygmus, and flatulence. Vomiting and anorexia are less common signs. clinical signs usually resolve completely in response to pancreatic enzyme supplementation although fat absorption does not normalize completely. Fat-soluble vitamins and cobalamin should be supplemented as required. In cases with concurrent ***SIBO*** that do not respond to therapy with replacement enzymes alone, antibiotic therapy for concurrent ***SIBO*** may be useful, as may be feeding of a highly digestible diet that is low in fiber.

L11 ANSWER 48 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2001:360128 BIOSIS
DN PREV200100360128
TI Postprandial alterations in serum unconjugated bile acid concentrations in normal dogs.
AU Ruaux, C. G. (1); Steiner, J. M. (1); Williams, D. A. (1)
CS (1) Gastrointestinal Laboratory, Texas A and M University, College Station, TX USA
SO Journal of Veterinary Internal Medicine, (May June, 2001) Vol. 15, No. 3, pp. 310. print.
Meeting Info.: 19th Annual American College of Veterinary Internal Medicine Forum Denver, CO, USA May 23-26, 2001
ISSN: 0891-6640.
DT Conference
LA English
SL English

L11 ANSWER 49 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 21
AN 2001:116750 BIOSIS
DN PREV200100116750
TI The role of ***small*** ***intestinal*** ***bacterial***
overgrowth , intestinal permeability, endotoxaemia, and tumour necrosis factor alpha in the pathogenesis of non-alcoholic steatohepatitis.
AU Wigg, A. J. (1); Roberts-Thomson, I. C.; Dymock, R. B.; McCarthy, P. J.; Grose, R. H.; Cummins, A. G.
CS (1) Unit of Gastroenterology and Hepatology, Flinders Medical Centre, Bedford Park, South Australia, 5042: alan.wigg@flinders.edu.au Australia
SO Gut, (February, 2001) Vol. 48, No. 2, pp. 206-211. print.
ISSN: 0017-5749.
DT Article
LA English
SL English
AB Background- ***Small*** ***intestinal*** ***bacterial***
overgrowth may contribute to the development of non-alcoholic steatohepatitis, perhaps by increasing intestinal permeability and promoting the absorption of endotoxin or other enteric bacterial products. Aims-To investigate the prevalence of ***small*** ***intestinal***
bacterial ***overgrowth*** , increased intestinal permeability, elevated endotoxin, and tumour necrosis factor alpha (TNF-alpha) levels in patients with non-alcoholic steatohepatitis and in control subjects. Patients and methods-Twenty two patients with non-alcoholic steatohepatitis and 23 control subjects were studied. Small intestinal bacteria overgrowth was assessed by a combined 14C-d-xylose and lactulose breath test. Intestinal permeability was assessed by a dual lactuloserhamnose sugar test. Serum endotoxin levels were determined using the limulus amoebocyte lysate assay and TNF-alpha levels using an ELISA. Results- ***Small*** ***intestinal*** ***bacterial***
overgrowth was present in 50% of patients with non-alcoholic steatosis and 22% of control subjects (p=0.048). Mean TNF-alpha levels in non-alcoholic steatohepatitis patients and control subjects were 14.2 and 7.5 pg/ml, respectively (p=0.001). Intestinal permeability and serum endotoxin levels were similar in the two groups. Conclusions-Patients with non-alcoholic steatohepatitis have a higher prevalence of ***small***
intestinal ***bacterial*** ***overgrowth*** , as assessed by the 14C-D-xylose-lactulose breath test, and higher TNF-alpha levels in comparison with control subjects. This is not accompanied by increased intestinal permeability or elevated endotoxin levels.

L11 ANSWER 50 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 22
AN 2001376058 EMBASE
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth : A possible association with fibromyalgia.
AU Pimentel M.; Chow E.J.; Hallegua D.; Wallace D.; Lin H.C.
CS Dr. M. Pimentel, Cedars-Sinai Medical Center, 8635 West 3rd Street, Los Angeles, CA 90048, United States. mark.pimentel@cshs.org
SO Journal of Musculoskeletal Pain, (2001) 9/3 (107-113).
Refs: 25
ISSN: 1058-2452 CODEN: JMPAEQ
CY United States
DT Journal; Article

FS 004 Microbiology
008 Neurology and Neurosurgery
037 Drug Literature Index
048 Gastroenterology
LA English
SL English
AB Objectives: Subjects with fibromyalgia [FMS] frequently have nonspecific bowel complaints similar to subjects with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** [***SIBO***]. The aim of this study was to test whether 1. ***SIBO*** is prevalent in FMS and 2. If treatment of ***SIBO*** reduces bowel symptoms. Methods: Of 815 subjects undergoing lactulose hydrogen breath testing for assessment of ***SIBO*** , 123 patients had FMS. Those with ***SIBO*** were treated with antibiotics. At the initial and follow-up visits, subjects were asked to rate their symptoms. Symptom scores before and after treatment were compared. Results: Of the 123 subjects with FMS, 96 [78%] were found to have ***SIBO*** . Returning subjects reported a 57 .+-. 29% overall improvement in symptoms with significant improvement in bloating, gas, abdominal pain, diarrhea, constipation, joint pains, and fatigue [$P < 0.05$]. Conclusions: 1. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** is associated with FMS, 2. Eradication of ***SIBO*** improves intestinal symptoms in FMS.

L11 ANSWER 51 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 23
AN 2001:130086 BIOSIS
DN PREV200100130086
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** versus antimicrobial capacity in patients with spontaneous bacterial peritonitis.
AU Chang, C.-S. (1); Yang, S.-S.; Kao, C.-H.; Yeh, H.-Z.; Chen, G.-H.
CS (1) Division of Gastroenterology, Dept. of Internal Medicine, Taichung Veterans General Hospital, 3 Chung-Kang Rd., 160 Sec., Taichung, 407: changcs@vghtc.vghtc.gov.tw Taiwan
SO Scandinavian Journal of Gastroenterology, (January, 2001) Vol. 36, No. 1, pp. 92-96. print.
ISSN: 0036-5521.
DT Article
LA English
SL English
AB Background: Spontaneous bacterial peritonitis (SBP) is a serious infection in cirrhotic patients with ascites. Both defects in the host defense mechanisms and the enhancement of the offensive factor (***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***)) may contribute to the development of SBP. Therefore, the aim of this study was to evaluate the role of ***SIBO*** versus various antimicrobial capacities in the pathogenesis of SBP in cirrhotic patients. Methods: Forty-five cirrhotic patients were enrolled in this study. Bacterial overgrowth was evaluated by breath hydrogen test (BH2T). The hepatic reticuloendothelial system phagocytic index (HRESPI) was measured by intravenously injected colloid suspensions. Results: The Child-Pugh scores in the SBP group were higher than in the non-SBP group (10.5 +- 2.0 versus 8.0 +- 1.8, $P < 0.01$). The ascitic protein concentration was significantly lower in the SBP group than in the non-SBP group (897 +- 425

mg/l versus 1325 +- 453 mg/l, P < 0.01). Furthermore, the serum C3 concentration was lower in the SBP group than in the non-SBP group (43.1 +- 13.6 ng/dl versus 73.2 +- 26.4 ng/dl, P < 0.01). The serum C4 concentration was also lower in the SBP group than in the non-SBP group (12.4 +- 4.0 ng/dl versus 16.9 +- 6.6 ng/dl, P < 0.05). The incidence of ***SIBO*** was higher in the SBP group than in the non-SBP group (68.2% versus 17.4%, P < 0.01). HRESPI values were significantly higher in the two groups of cirrhotic patients than in the normal reference. However, there were no statistical differences in HRESPI between the two groups (8.4 +- 2.8 min in the SBP group versus 7.9 +- 2.8 min in the non-SBP group). Conclusions: The results of this study showed that the hepatic reticuloendothelial function is impaired in cirrhotic patients, but the degree of impairment does not differ between patients with and without previous history of SBP. Lower ascitic total protein, lower serum C3 and C4 concentrations, and presence of ***SIBO*** are all risk factors for SBP. Based on the results of our study, defects in the host defense mechanisms and the enhancement of the offensive factor (***SIBO***) may act in concert for the development of SBP.

L11 ANSWER 52 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2001:688823 SCISEARCH
GA The Genuine Article (R) Number: 441RM
TI Lactobacillus spp. strain LGG does not prevent ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) and bacterial translocation (BT) in experimental cirrhosis
AU Bauer T (Reprint); Fernandez J; Navasa M; Vila J; Rodes J
CS Hosp Clin Barcelona, Microbiol Serv, Barcelona, Spain
CYA Spain
SO JOURNAL OF HEPATOLOGY, (APR 2001) Vol. 34, Supp. [1], pp. 74-74.
Publisher: ELSEVIER SCIENCE BV, PO BOX 211, 1000 AE AMSTERDAM, NETHERLANDS.
ISSN: 0168-8278.
DT Conference; Journal
LA English
REC Reference Count: 0

L11 ANSWER 53 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 24
AN 2001055897 EMBASE
TI [***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome: Six case reports and literature review]. COLONISATION BACTERIENNE CHRONIQUE DE L'INTESTIN GRELE: PRESENTATION DE SIX OBSERVATIONS ET MISE AU POINT.
AU Karsenti D.; Bechade D.; Fallik D.; Bili H.; Desrame J.; Coutant G.; Algayres J.P.; Daly J.P.
CS D. Karsenti, Service Clinique Medicale, Hopital du Val-de-Grace, 74, boulevard de Port-Royal, 75230 Paris Cedex 05, France.
karsenti@club-internet.fr
SO Revue de Medecine Interne, (2001) 22/1 (20-29).
Refs: 23
ISSN: 0248-8663 CODEN: RMEIDE
CY France
DT Journal; Article
FS 004 Microbiology
006 Internal Medicine
037 Drug Literature Index

048 Gastroenterology
LA French
SL English; French
AB Introduction. - ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome (SIBOS) has various clinical and biological presentations. Six observations are described in this review which is aimed at reporting recent data on SIBOS and proposing diagnosis and therapeutic attitudes. Current knowledge and key points. - Chronic diarrhea, malabsorption syndrome and exsudative enteropathy are the main criteria of diagnosis. Breath hydrogen testing is commonly performed to confirm diagnosis, with a 78% sensitivity and a 89% specificity. The aim of therapy is reparation of malabsorption consequences, reduction of intestinal bacterial overgrowth, and surgical correction of intestinal stasis. In the absence of consensus, norfloxacin or amoxicillin-clavulinic acid (administered for a mean of 7 to 15 days) seem the more appropriate antibiotics. When possible, surgery represents the primary treatment of SIBOS recurrences. Future prospects and projects. - Diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome must be evoked on the basis of either surgical or medical context, i.e., the existence of chronic diarrhea, malabsorption syndrome (complete or not), and exsudative enteropathy. This review reports essential factors for diagnosis and treatment. .COPYRGT. 2001 Editions scientifiques et medicales Elsevier SAS.

L11 ANSWER 54 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2001:106765 SCISEARCH
GA The Genuine Article (R) Number: 395UA
TI Immune cell populations within the duodenal mucosa of dogs with enteropathies
AU German A J (Reprint); Hall E J; Day M J
CS Univ Bristol, Dept Clin Vet Sci, Langford House, Bristol BS40 5DU, Avon, England (Reprint); Univ Bristol, Dept Clin Vet Sci, Bristol BS40 5DU, Avon, England; Univ Bristol, Dept Pathol & Microbiol, Bristol BS40 5DU, Avon, England
CYA England
SO JOURNAL OF VETERINARY INTERNAL MEDICINE, (JAN-FEB 2001) Vol. 15, No. 1, pp. 14-25.
Publisher: AMER COLL VETERINARY INTERNAL MEDICINE, 7175 W JEFFERSON AVE, STE 2125, LAKEWOOD, CO 80235 USA.
ISSN: 0891-6640.
DT Article; Journal
LA English
REC Reference Count: 63
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB The mucosal immune system may play a critical role in the pathogenesis of small intestinal enteropathies. The aim of the current study was to assess mucosal immune cell populations in dogs with inflammatory bowel disease (IBD); idiopathic antibiotic-responsive diarrhea (ARD), and adverse reactions to food (FR). Endoscopic biopsies were performed of the duodenum of dogs with these conditions and from a group of dogs without enteric disease. Additional control samples were collected after death from other dogs that did not have evidence of,enteric disease. Immunohistochemistry and computer-aided morphometry were used to assess the distribution of immune cell subsets in both lamina propria and intestinal epithelium. Compared with controls, dogs with ARD had increased

numbers of lamina propria immunoglobulin (Ig) AC plasma cells and CD4(+) cells. More marked alterations were noted in dogs with LED, with significant increases in lamina propria IgG(+) plasma cells, T cells (CD3(+)), CD4(+) cells, macrophages, and neutrophils, but with reduced mast cell numbers. Increased intraepithelial CD3+ T cells were also present in the dogs with IBD, compared with controls. However, lamina propria and epithelial populations were unaltered in dogs with FR when compared with controls. The altered mucosal immune cell populations observed in dogs with ARD or IBD may reflect an underlying immunologic pathogenesis in these disorders.

L11 ANSWER 55 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2002:222447 BIOSIS
DN PREV200200222447
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** is significantly more prevalent in IBS compared to controls.
AU Pimentel, Mark (1); Chow, Evelyn J. (1); Lin, Henry C. (1)
CS (1) GI Motility Program, Cedars-Sinai Medical Ctr, UCLA, Los Angeles, CA USA
SO Gastroenterology, (April, 2001) Vol. 120, No. 5 Supplement 1, pp. A.758. http://www.gastrojournal.org/. print.
Meeting Info.: 102nd Annual Meeting of the American Gastroenterological Association and Digestive Disease Week Atlanta, Georgia, USA May 20-23, 2001
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 56 OF 286 MEDLINE
AN 2002442144 MEDLINE
DN 22186827 PubMed ID: 12199223
TI Dr. Yoo Suk-Chang as a physician.
AU Hwang S I
CS Department of the History of Medicine and Medical Humanities, Seoul National University College of Medicine.
SO Uisahak, (2000 Jun) 9 (1) 92-111.
Journal code: 9605018. ISSN: 1225-505X.
CY Korea (South)
DT Biography
Historical
Journal; Article; (JOURNAL ARTICLE)
LA Korean
FS History of Medicine
EM 200208
ED Entered STN: 20020830
Last Updated on STN: 20020831
Entered Medline: 20020830
AB Dr. Yoo Suk - Chang (1900 - 1972) has been praised for his contribution to the development of the Korean society as an educator and an agricultural reformer as well as a physician. This paper describes his medical career, mainly his contribution to establish and administrate the Min - Jung Hospital (The People's Hospital) and publish a medical paper entitled Bokun ***Sibo*** (The Doctors' News) in the Colonial Period. I appreciate such his effort as the embodiment of his idea, "medical care

for his people" and the medical reform in that period. I think his services as a physician correspond well with the activities against Japanese imperialism in his early age and the contribution to the education and agricultural reform in his late age. I stress that his medical achievement should not be supposed to be only his own, because it is not possible without the help of all his supporter - colleagues and the people.

L11 ANSWER 57 OF 286 CABA COPYRIGHT 2003 CABI
AN 2000:74227 CABA
DN 20002211085
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth***
AU Ludlow, C. L.; Davenport, D. J.; Bonagura, J. D. [EDITOR]
CS Veterinary Internal Medicine Specialists of Kansas City, Overland Park, KS, USA.
SO Kirk's current veterinary therapy XIII: small animal practice, (2000) pp. 637-641. 8 ref.
Publisher: W.B. Saunders. Philadelphia
ISBN: 0-7216-5523-8
CY United States
DT Book; Book Article
LA English

L11 ANSWER 58 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 25
AN 2001:52962 BIOSIS
DN PREV200100052962
TI Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** reduces symptoms of irritable bowel syndrome.
AU Pimentel, Mark (1); Chow, Evelyn J.; Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8700 Beverly Blvd., Suite 7511, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (December, 2000) Vol. 95, No. 12, pp. 3503-3506. print.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB OBJECTIVES: Irritable bowel syndrome is the most common gastrointestinal diagnosis. The symptoms of irritable bowel syndrome are similar to those of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . The purpose of this study was to test whether overgrowth is associated with irritable bowel syndrome and whether treatment of overgrowth reduces their intestinal complaints. METHODS: Two hundred two subjects in a prospective database of subjects referred from the community undergoing a lactulose hydrogen breath test for assessment of over-growth were Rome I criteria positive for irritable bowel syndrome: They were treated with open label antibiotics after positive breath test. Subjects returning for follow-up breath test to confirm eradication of overgrowth were also assessed. Subjects with inflammatory bowel disease, abdominal surgery, or subjects demonstrating rapid transit were excluded. Baseline and after treatment symptoms were rated on visual analog scales for bloating, diarrhea, abdominal pain, defecation relief, mucous, sensation of incomplete evacuation, straining, and urgency. Subjects were

blinded to their breath test results until completion of the questionnaire. RESULTS: Of 202 irritable bowel syndrome patients, 157 (78%) had overgrowth. Of these, 47 had follow-up testing. Twenty-five of 47 follow-up subjects had eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Comparison of those that eradicated to those that failed to eradicate revealed an improvement in irritable bowel syndrome symptoms with diarrhea and abdominal pain being statistically significant after Bonferroni correction ($p < 0.05$). Furthermore, 48% of eradicated subjects no longer met Rome criteria ($chi2 = 12.0$, $p < 0.001$). No difference was seen if eradication was not successful. CONCLUSIONS: ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** is associated with irritable bowel syndrome. Eradication of the overgrowth eliminates irritable bowel syndrome by study criteria in 48% of subjects.

L11 ANSWER 59 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 26
AN 2000:507803 BIOSIS
DN PREV200000507803
TI Evaluation of the rice breath hydrogen test for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Riordan, Stephen M. (1); McIver, Christopher J.; Duncombe, Vic M.; Thomas, Mervyn C.; Bolin, Terry D.
CS (1) Department of Gastroenterology, Prince of Wales Hospital, High Street, Randwick, NSW, 2031 Australia
SO American Journal of Gastroenterology, (October, 2000) Vol. 95, No. 10, pp. 2858-2864. print.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB OBJECTIVES: The aims of this study were 1) to document the sensitivity, specificity, and predictive values of the rice breath hydrogen test for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** ; 2) to determine the possible influence of concurrent gastric bacterial overgrowth and gastroduodenal pH on the efficacy of this test; and 3) to investigate whether reliability is limited by an inability of small intestinal luminal flora to ferment rice or its product of hydrolysis, maltose. METHODS: Twenty adult subjects were investigated with microbiological culture of proximal small intestinal aspirate and a 3-g/kg rice breath hydrogen test. Gastroduodenal pH, the presence or absence of gastric bacterial overgrowth, and the in vitro capability of small intestinal luminal flora to ferment rice and maltose, its product of hydrolysis, were determined. RESULTS: Sensitivity of the rice breath hydrogen test for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** was 33% and remained low even when subjects with small intestinal overgrowth with oropharyngeal-type (38%) and colonic-type flora (20%) and those with concurrent small intestinal and gastric bacterial overgrowth (40%) were considered separately. Sensitivity remained suboptimal despite favorable gastroduodenal luminal pH and documented ability of bacterial isolates to ferment rice and maltose in vitro. Specificity of the rice breath hydrogen test for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** was 91%. Positive predictive value, negative predictive value, and predictive accuracy were 75%, 63%, and 65%, respectively. CONCLUSIONS: Clinical value

of the rice breath hydrogen test for detecting ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** is limited. The rice breath hydrogen test is not a suitable alternative to small intestinal intubation and culture of secretions for the detection of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***

.

L11 ANSWER 60 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2000:531133 SCISEARCH
GA The Genuine Article (R) Number: 309RU
TI Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** decreases symptoms in chronic fatigue syndrome: A double blind, randomized study.
AU Pimentel M (Reprint); Hallegua D; Chow E J; Wallace D; Bonorris G; Lin H C
CS CEDARS SINAI MED CTR, GI MOTIL PROGRAM, LOS ANGELES, CA 90048; CEDARS SINAI MED CTR, DIV RHEUMATOL, LOS ANGELES, CA 90048
CYA USA
SO GASTROENTEROLOGY, (APR 2000) Vol. 118, No. 4, Part 1, Supp. [2], pp. 2144-2144.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L11 ANSWER 61 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2000:531132 SCISEARCH
GA The Genuine Article (R) Number: 309RU
TI Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** decreases the gastrointestinal symptoms in fibromyalgia.
AU Pimentel M (Reprint); Chow E J; Bonorris G; Hallegua D; Wallace D; Lin H C
CS CEDARS SINAI MED CTR, GI MOTIL PROGRAM, LOS ANGELES, CA 90048; CEDARS SINAI MED CTR, DIV RHEUMATOL, LOS ANGELES, CA 90048
CYA USA
SO GASTROENTEROLOGY, (APR 2000) Vol. 118, No. 4, Part 1, Supp. [2], pp. 2143-2143.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L11 ANSWER 62 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2000:531131 SCISEARCH
GA The Genuine Article (R) Number: 309RU
TI Lack of infant breast feeding is associated with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in adults.
AU Pimentel M (Reprint); Chow E J; Lin H C
CS CEDARS SINAI MED CTR, GI MOTIL PROGRAM, LOS ANGELES, CA 90048
CYA USA

SO GASTROENTEROLOGY, (APR 2000) Vol. 118, No. 4, Part 1, Supp. [2], pp. 2142-2142.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L11 ANSWER 63 OF 286 MEDLINE
AN 2001075264 MEDLINE
DN 20533838 PubMed ID: 11081366
TI [Chronic diarrhea--value of function tests in diagnosis].
Chronische Diarrhoe--Stellenwert der Funktionstests in der Diagnostik.
AU Offensperger W B
CS Abteilung II, Medizinische Universitatsklinik Freiburg.
SO SCHWEIZERISCHE RUNDSCHAU FUR MEDIZIN PRAXIS, (2000 Oct 12) 89 (41) 1647-50.
Journal code: 8403202. ISSN: 1013-2058.
CY Switzerland
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 200101
ED Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20010102
AB The D-xylose-adsorption test yields information about small intestinal absorptive function. To investigate ileal absorptive function the Schilling test is performed. The standard diagnostic test for hypolactasia is the oral lactose tolerance test with lactose breath hydrogen testing. Various radioactive and nonradioactive breath tests have been proposed as noninvasive tests for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Intubation tests for pancreatic function testing are time-honored and direct, but limited by several technical difficulties. Measurement of pancreatic enzymes in stool has received a high degree of acceptance.

L11 ANSWER 64 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 27
AN 2000363967 EMBASE
TI [Chronic diarrhoea: Antibiotic treatment].
CHRONISCHE DIARRHOE: THERAPIE MIT ANTIBIOTIKA.
AU Bauer T.M.
CS Dr. T.M. Bauer, Abteilung Innere Medizin II, Medizinische Universitatsklinik, Hugstetter Str. 55, D-79106 Freiburg, Germany
SO Schweizerische Rundschau fur Medizin/Praxis, (12 Oct 2000) 89/41 (1643-1646).
Refs: 14
ISSN: 1013-2058 CODEN: SRMPDJ
CY Switzerland
DT Journal; General Review
FS 037 Drug Literature Index
048 Gastroenterology
LA German

SL English; German
AB Chronic diarrhoea in developed countries is most frequently caused by organic or functional disorders. Infectious agents are infrequently involved, and antibiotic chemotherapy should therefore generally rest on a microbiological diagnosis. However, there may be a role for empirical antibiotic treatment in well defined circumstances such as persistent traveller's diarrhoea or suspected ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L11 ANSWER 65 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 2001040965 EMBASE
TI Ileocolic esophageal replacement in children with benign stricture of esophagus.
AU Fu Kang Wei; Ting Ze Hu; Liu M.; Xiang B.; Qi Cheng Luo; Liu M.; Fu Yu Li
CS Dr. F.K. Wei, Department of Pediatric Surgery, First University Hospital, West China Univ. of Medical Sciences, Chengdu 610041, Sichuan Province, China. WeiFK@sohu.com
SO World Chinese Journal of Digestology, (2000) 8/12 (1345-1349).
Refs: 29
ISSN: 1009-3079 CODEN: SHXZF2
CY China
DT Journal; Article
FS 007 Pediatrics and Pediatric Surgery
048 Gastroenterology
LA Chinese
SL English; Chinese
AB AIM: To assess applied anatomy research of the operative technique and influences upon metabolism in early period after operation in the article. Using ileocolon with ileocecal valve as a substitute for esophagus treated esophageal stricture secondary to the ingestion of corrosive materials in children. METHODS: Between 1992 and 1999, isoperistaltic retrosternal ileocolic esophageal replacements were performed in 12 patients; the vascularity in the ileocolic region was observed in 50 cadavers; metabolic indexes were measured before and after surgery or between the operative group, and the normal controls in 20 piglet models. RESULTS: The mean time of follow-up was 3 years in the 12 cases and no death occurred in intra- and postoperative period clinically. Cervical ileoesophageal anastomotic leaks took place in 2 cases. The distribution pattern of venous vessel in the ileocolic region was far more constant than that of artery. The arrangements of artery in the ileocolic segment were classified into 7 types, and there was no interruption of paracolic anastomosis between arteries. The resections of 50 cm terminal ileum, cecum and 50 cm ascending colon influenced enterohepatic circulation of bile acid (bile salt) and affected fat metabolism in early period after surgery in piglet models. Shortening the time and reducing the area for water absorption after ileocolic resection resulted in diarrhea in piglet models. The loss of "bacterial barrier" role of ileocecal valve led to bacteria immigration from colon to ileum and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . CONCLUSION: The ileocolic esophageal replacement using antireflux role of the ileocecal valve has satisfactory effect. To understand the characteristics of the patterns of arteries and veins distribution and physiological functions of the ileocolic segment may be useful in guiding clinical practice and postoperative management and preventing postoperative complications.

L11 ANSWER 66 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2000:604679 SCISEARCH
GA The Genuine Article (R) Number: 340TN
TI Update on the non-invasive monitoring of intestinal disease in dogs and cats
AU Batt R (Reprint)
CS WALTHAM CTR PET NUTR, WALTHAM WOLDS, MELTON MOWBRAY LE14 4RT, LEICS, ENGLAND (Reprint)
CYA ENGLAND
SO REVUE DE MEDECINE VETERINAIRE, (JUL 2000) Vol. 151, No. 7, pp. 559-562.
Publisher: ECOLE NATIONAL VET TOULOUSE, 23 CHEMIN DES CAPELLES, 31076 TOULOUSE, FRANCE.
ISSN: 0035-1555.
DT Article; Journal
FS AGRI
LA English
REC Reference Count: 21
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Diagnosis and management of intestinal disease in the dog and cat can present a considerable challenge to the clinician because of the many potential causes and The relative inaccessibility of the small intestine. Intestinal disease is typically characterised on the basis of histopathologic criteria. However, this approach provides little information on the underlying cause of damage and many cases may be overlooked by reliance on these morphologic criteria alone. In addition, it is impractical to take serial samples of the intestine for the objective assessment of response to treatment. Assessment of intestinal disorders in dogs and cats by non-invasive procedures has clear advantages, particularly for monitoring of progress during treatment. Current tests available to practitioners include assays of serum folate and cobalamin which provide indirect evidence of intestinal disease but have limited sensitivity and specificity. Measurement of intestinal permeability using dual sugar absorption tests has recently been validated as a sensitive test in dogs, not only for the detection of mucosal damage but also to monitor response to treatment. This test has been combined with the hydrogen breath test to allow the simultaneous detection of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in dogs. New tests that are currently being developed are designed to defect protein-losing enteropathies (faecal alpha-1-protease inhibitor) and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (serum deconjugated bile acids).

L11 ANSWER 67 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 28
AN 2000:291256 BIOSIS
DN PREV200000291256
TI Rifaximin versus chlortetracycline in the short-term treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***
AU Di Stefano, M.; Malservisi, S.; Veneto, G.; Ferrieri, A.; Corazza, G. R. (1)
CS (1) Gastroenterology Unit, IRCCS 'S. Matteo' Hospital, University of Pavia, P.le Golgi 5, 27100, Pavia Italy
SO Alimentary Pharmacology & Therapeutics, (May, 2000) Vol. 14, No. 5, pp. 551-556. print.

ISSN: 0269-2813.
DT Article
LA English
SL English
AB Background: Bacterial overgrowth of the small intestine is a condition characterized by nutrient malabsorption due to an excessive number of bacteria in the lumen of the small intestine. Current treatment is based on empirical courses of broad spectrum antibiotics; few controlled data, with respect to the duration and choice of antibiotic drug, exist at present. The recent availability of rifaximin, a non-absorbable rifamycin derivative, highly effective against anaerobic bacteria, prompted us to carry out a randomized, double-blind controlled trial in order to compare its efficacy and tolerability to those of tetracycline, currently considered the first-choice drug. Methods: In 21 patients affected by ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , fasting, peak and total H2 excretion after ingestion of 50 g glucose and severity of symptoms were evaluated before and after a 7-day course of rifaximin, 1200 mg/day (400 mg t.d.s.), or chlortetracycline, 1 g/day (333 mg t.d.s.). Results: Fasting, peak and total H2 excretion decreased significantly in the group of patients treated with rifaximin whereas chlortetracycline did not modify these parameters. The H2 breath test normalized in 70% of patients after rifaximin and in 27% of patients after chlortetracycline. The improvement in symptoms was significantly higher in patients treated with rifaximin. Conclusions: Rifaximin is a promising, easily-handled and safe drug for the short-term treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L11 ANSWER 68 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 29
AN 2000:206244 BIOSIS
DN PREV200000206244
TI Urinary choloyl-PABA excretion in diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** : Evaluation of a new noninvasive method.
AU Bardhan, Pradip K. (1); Feger, Alain; Kogon, Manuela; Muller, Jan; Gillessen, Dieter; Beglinger, C.; Gyr, Niklaus
CS (1) Department of Gastroenterology, University Hospital Zurich, 100 Ramistrasse, CH-8091, Zurich Switzerland
SO Digestive Diseases and Sciences, (March, 2000) Vol. 45, No. 3, pp. 474-479.
ISSN: 0163-2116.
DT Article
LA English
SL English
AB The synthetic substrate cholyl-PABA, developed by conjugating cholic acid with paraaminobenzoic acid, is hydrolyzed by the bacterial enzyme cholyl hydrolase to release free PABA. This study aimed to evaluate whether quantitating urinary excretion of PABA after oral administration of cholyl-PABA can detect ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . In the first phase, investigations were performed on 10 healthy volunteers to study the dynamics of urinary excretion of PABA and any adverse reactions after oral administration of 1.2 g of cholyl-PABA. Another 10 healthy volunteers and 25 adult patients with various gastrointestinal disorders participated in the second phase, where the urinary cholyl-PABA test was compared to the (14C)xylose breath

test (XBT). The upper limit of normal levels of urinary PABA excretion at the end of 4 h was 1.1% of the administered dose of cholyl-PABA. The urinary PABA excretion after 4 hr (median (range), in percentage) in the XBT-positive group was 1.6 (0.6-35.0), which was significantly higher than those in the XBT-negative group (0.7 (0.4-1.8)) and the healthy controls (0.7 (0.2-1.1)). The agreement between the XBT and the urinary cholyl-PABA test was 85.7% ($P < 0.01$). No adverse effect was noted. In conclusion, the urinary cholyl-PABA test offers a simple, safe, noninvasive, and rapid method for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and warrants further clinical evaluation.

L11 ANSWER 69 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2000:495291 BIOSIS
DN PREV200000495412
TI Non-alcoholic steatohepatitis associated with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Perez-Carreras, Mercedes (1); Castellano, Gregorio (1); Manzanares, Javier (1); Garfia, Cristina (1); Martin, Ana (1); Perez-Arellano, Elena (1); Gutierrez, Antonia (1); Colina, Francisco (1); De la Cruz, Javier (1); Solis-Herruzo, Jose Antonio (1)
CS (1) Hosp 12 de Octubre, Madrid Spain
SO Hepatology, (October, 2000) Vol. 32, No. 4 Pt. 2, pp. 418A. print.
Meeting Info.: 51st Annual Meeting and Postgraduate Courses of the American Association for the Study of Liver Diseases Dallas, Texas, USA October 27-31, 2000 American Association for the Study of Liver Diseases . ISSN: 0270-9139.
DT Conference
LA English
SL English

L11 ANSWER 70 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 30
AN 2000:157105 BIOSIS
DN PREV200000157105
TI Serum unconjugated bile acids as a test for intestinal bacterial overgrowth in dogs.
AU Melgarejo, Tonatiuh (1); Williams, David A.; O'Connell, Nancy C.; Setchell, Kenneth D. R.
CS (1) Veterinary Hospital, University of Pennsylvania, 3850 Spruce Street, Philadelphia, PA, 19104-6010 USA
SO Digestive Diseases and Sciences., (Feb., 2000) Vol. 45, No. 2, pp. 407-414.
ISSN: 0163-2116.
DT Article
LA English
SL English
AB ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) has a high incidence in dogs and, as in humans, is difficult to diagnose. The aim of this study was to determine the diagnostic significance of serum unconjugated bile acid concentrations in dogs with bacterial overgrowth. Fasting sera were obtained from 23 dogs: 10 with culture-proven ***SIBO*** , 8 with indirectly diagnosed ***SIBO*** (normal pancreatic function but small intestinal disease associated with subnormal serum cobalamin and

supranormal folate concentrations), and 5 healthy controls. Unconjugated bile acids were determined using gas chromatography-mass spectrometry after isolation by liquid-solid extraction and anion-exchange chromatography. Mean serum unconjugated bile acid concentrations were significantly elevated in dogs with ***SIBO*** (mean +- SD: 0.91 +- 1.03 mumol/liter), and in dogs with indirectly diagnosed ***SIBO*** (2.11 +- 2.20 mumol/liter) compared to clinically healthy dogs (0.015 +- 0.015 mumol/liter, $P < 0.005$). Cholic acid was the predominant unconjugated bile acid in the serum of dogs with ***SIBO*** . In conclusion serum unconjugated bile acid concentrations of healthy dogs are significantly lower than reported values for humans, and this fraction represents a relatively small proportion (0-2.3%; mean 0.8%) of the total bile acids in dogs. Unconjugated bile acids increased 10- to 20-fold in dogs with ***SIBO*** indicating the clinical utility of serum unconjugated bile acids for diagnosis of intestinal bacterial overgrowth in dogs.

L11 ANSWER 71 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 31
AN 2000:422754 BIOSIS
DN PREV200000422754
TI Diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in patients with cirrhosis of the liver: Poor performance of the glucose breath hydrogen test.
AU Bauer, Tilman M. (1); Schwacha, Henning; Steinbrueckner, Bernhard; Brinkmann, Folke E.; Ditzen, Anette K.; Kist, Manfred; Blum, Hubert E.
CS (1) Department of Internal Medicine, University Hospital, Hugstetterstr. 55, 79106, Freiburg Germany
SO Journal of Hepatology, (Sept, 2000) Vol. 33, No. 3, pp. 382-386. print. ISSN: 0168-8278.
DT Article
LA English
SL English
AB Background/Aims: ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** is known to occur in association with cirrhosis of the liver and studies are needed to assess its pathophysiological role. The glucose breath hydrogen test as an indirect test for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** has been applied to patients with cirrhosis but has not yet been validated against quantitative culture of jejunal secretion in this particular patient population. Methods: Forty patients with cirrhosis underwent glucose breath hydrogen test and jejunoscopy. Jejunal secretions were cultivated quantitatively for aerobe and anaerobe microorganisms. Results: ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** was detected by culture of jejunal aspirates in 73% of patients, being associated with age and the administration of acid-suppressive therapy. The glucose breath hydrogen test correlated poorly with culture results, sensitivity and specificity ranging from 27%-52% and 36%-80%, respectively. Conclusions: In patients with cirrhosis, the glucose breath hydrogen test correlates poorly with the diagnostic gold standard for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Until other non-invasive tests have been validated, studies addressing the role of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in patients with cirrhosis should resort to microbiological culture of jejunal secretions.

L11 ANSWER 72 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2000:363921 BIOSIS
DN PREV200000363921
TI Accuracy of folate, cobalamin and the hydrogen breath test to diagnose ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in dogs.
AU Neiger, R. (1); Simpson, J. W.
CS (1) Royal Veterinary College, Hawkshead, London UK
SO Journal of Veterinary Internal Medicine, (May June, 2000) Vol. 14, No. 3, pp. 376. print.
Meeting Info.: 18th Annual American College of Veterinary Internal Medicine Seattle, Washington, USA May 25-28, 2000
ISSN: 0891-6640.
DT Conference
LA English
SL English

L11 ANSWER 73 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 32
AN 2000:257839 BIOSIS
DN PREV200000257839
TI Comparison of the 1-gram 14C-D-xylose breath test and the 50-gram hydrogen glucose breath test for diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Stotzer, Per-Ove (1); Kilander, Anders F.
CS (1) Department of Internal Medicine, Sahlgrenska University Hospital, S-413 45, Goteborg Sweden
SO Digestion, (July 26, 2000) Vol. 61, No. 3, pp. 165-171. print..
ISSN: 0012-2823.
DT Article
LA English
SL English
AB Background/Aims: Culture of small bowel aspirate is the most direct method and the gold standard for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . However, cultures are cumbersome and fluoroscopy is required for obtaining aspirate. Therefore, different breath tests such as the xylose breath test and the hydrogen breath test have been developed. There is no general agreement as to which test is to be preferred. In the only previous direct comparison between these two tests an advantage for the 1-gram-14C-D-xylose breath test was found. The aim of the study was to compare the 50-gram glucose hydrogen breath test and the 1-gram 14C-D-xylose breath test in relation to results of cultures of small bowel aspirate. Methods: Forty-six consecutive patients, mean age 57 (range 27-87) years, 12 men and 34 women, were included because of suspicion of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . After small bowel aspiration, all patients received a solution of 1 g xylose, labelled with 50 mug 14C-D-xylose, and 50 g glucose dissolved in 250 ml water. The concentration of breath hydrogen was analyzed every 15 min for 2 h and 14CO2 was analyzed every 30 min for 4 h. A positive hydrogen breath test was defined as a rise in hydrogen concentration of 15 ppm. A positive xylose test was defined as an accumulated dose 4.5% after 4 h. Two definitions for a positive culture were used, either growth of 105 colonic-type bacterial/ml or growth of 105 bacteria/ml of any type. Results: Twenty-four patients had growth of 105

bacteria, of whom 10 had growth of 105 colonic-type bacteria in small bowel aspirate. Twenty-two patients had no significant growth. The hydrogen breath test and the xylose breath test had a sensitivity for growth of 105 bacteria of 58 and 42%, respectively. For growth of 105 colonic-type bacteria the sensitivity was 90% for the hydrogen breath test and 70% for the xylose breath test. The specificity was similar for the two tests. Conclusion: Although no significant difference between the two tests was found, there was a tendency in favor of the 50-gram glucose hydrogen breath test. The simplicity in combination with high sensitivity makes the hydrogen breath test suitable as a screening method to select patients for further investigation.

L11 ANSWER 74 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 2000:451797 SCISEARCH
GA The Genuine Article (R) Number: 323LN
TI Exocrine pancreatic insufficiency in the dog
AU Rutz G M (Reprint); Steiner J M;-Hirschberger J
CS TEXAS A&M UNIV, COLL VET MED, DEPT SMALL ANIM MED & SURG, GASTROINTESTINAL LAB, COLLEGE STN, TX 77843 (Reprint); UNIV MUNICH, MED TIERKLIN 1, D-80539 MUNICH, GERMANY
CYA USA; GERMANY
SO TIERARZTLICHE PRAXIS AUSGABE KLEINTIERE HEIMTIERE, (MAY 2000) Vol. 28, No. 3, pp. 138-144.
Publisher: F K SCHATTAUER VERLAG GMBH, P O BOX 10 45 43, LENZHALDE 3, D-70040 STUTTGART, GERMANY.
ISSN: 1434-1239.
DT Article; Journal
LA German
REC Reference Count: 34
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB The most common cause of exocrine pancreatic insufficiency (EPI) in the dog is pancreatic acinar atrophy. There are other underlying causes such as chronic pancreatitis and pancreatic neoplasia, that may result in EPI. Exocrine pancreatic insufficiency is the most common cause of maldigestion in the dog. The reduced amount of enzymes in the pancreatic juice and the lack of other important pancreatic secretory products lead to malabsorption of nutrients, such as cobalamin. In many dogs concurrent ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) is present. The most reliable test to diagnose EPI is serum trypsin-like immunoreactivity (cTLI). Measurement of serum cobalamin and serum folate allows evaluation for concurrent small intestinal disease. EPI in the dog can be treated with commercially available preparations of pancreatic enzymes, along with the supplementation of fat-soluble vitamins and cobalamin. Despite enzyme replacement, fat digestion does not return to normal because of the sensitivity of lipase in enzyme preparations to gastric acid. However, most dogs can be managed successfully by this therapy and do well on a commercial maintenance diet. In some cases the use of antibiotics is necessary to treat concurrent ***SIBO*** .

L11 ANSWER 75 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2000:417257 BIOSIS
DN PREV200000417257
TI The level of C/EBP protein is critical for cell migration during Drosophila oogenesis and is tightly controlled by regulated degradation.

AU Rorth, Pernille (1); Szabo, Kornelia; Texido, Gemma
CS (1) Developmental Biology Programme, European Molecular Biology Laboratory, Meyerhofstrasse 1, 69117, Heidelberg Germany
SO Molecular Cell, (July, 2000) Vol. 6, No. 1, pp. 23-30. print. ISSN: 1097-2765.
DT Article
LA English
SL English
AB The C/EBP transcription factor, Slbo, is required for migration of border cells during Drosophila oogenesis. Unexpectedly, we find that neither increase nor decrease of Slbo activity is tolerated in border cells. Correct protein level is in part ensured by cell type-specific regulated turnover of Slbo protein. Through genetic screening, we identify two genes that are involved in this regulation. The Ubp64 ubiquitin hydrolase acts as a stabilizer of Slbo protein. A novel gene, tribbles, is a negative regulator of slbo in vivo. Tribbles acts by specifically targeting Slbo for rapid degradation via ubiquitination.

L11 ANSWER 76 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 33
AN 2000:169431 BIOSIS
DN PREV200000169431
TI Cytokine mRNA expression in mucosal biopsies from German shepherd dogs with small intestinal enteropathies.
AU German, A. J. (1); Helps, C. R.; Hall, E. J.; Day, M. J.
CS (1) Department of Clinical Veterinary Science, University of Bristol, Langford House, Bristol, BS40 5DU UK
SO Digestive Diseases and Sciences., (Jan., 2000) Vol. 45, No. 1, pp. 7-17. ISSN: 0163-2116.
DT Article
LA English
SL English
AB German shepherd dogs (GSD) are predisposed to enteropathies such as inflammatory bowel disease (IBD) and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***). The present study examined the role of cytokines in the immunopathogenesis of both conditions. Duodenal mucosal biopsies were taken from GSDs with small intestinal enteropathies (group 1; N = 16) or control dogs (group 2, N = 12). IL-2, IL-4, IL-5, IL-10, IL-12p40, IFN-gamma, TNF-alpha, and TGF-beta1 mRNA expression was determined by semiquantitative reverse transcriptase polymerase chain reaction. IL-2, IL-5, IL-12p40, TNF-alpha, and TGF-beta1 mRNA expression in group 1 dogs was significantly greater than in group 2 dogs (all $P < 0.01$), but there were no significant differences between dogs with IBD or ***SIBO*** . Further, antibiotic treatment in five dogs with ***SIBO*** , resulted in reduced TNF-alpha and TGF-beta1 mRNA expression ($P < 0.05$). Such alterations in cytokine mRNA expression suggest heightened immune responses within the duodenal mucosa in GSDs with either ***SIBO*** or IBD.

L11 ANSWER 77 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2000:258241 BIOSIS
DN PREV200000258241
TI Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** decreases the gastrointestinal symptoms in fibromyalgia.

AU Pimentel, Mark (1); Chow, Evelyn J.; Bonorris, George; Hallegua, David; Wallace, Daniel; Lin, Henry C.
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A413. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L11 ANSWER 78 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2000:258242 BIOSIS
DN PREV200000258242
TI Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** decreases symptoms in chronic fatigue syndrome: A double blind, randomized study.
AU Pimentel, Mark (1); Hallegua, David; Chow, Evelyn J.; Wallace, Daniel; Bonorris, George; Lin, Henry C.
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A414. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L11 ANSWER 79 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2000:258240 BIOSIS
DN PREV200000258240
TI Lack of infant breast feeding is associated with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in adults.
AU Pimentel, Mark (1); Chow, Evelyn J. (1); Lin, Henry C. (1)
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A413. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L11 ANSWER 80 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2000:258239 BIOSIS
DN PREV200000258239
TI Comparison of peak breath hydrogen production in patients with irritable bowel syndrome, chronic fatigue syndrome and fibromyalgia.
AU Pimentel, Mark (1); Chow, Evelyn J.; Lin, Henry C.

CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A413. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L11 ANSWER 81 OF 286 USPATFULL
AN 1999:171262 USPATFULL
TI Transflective liquid crystal display device having a reflective polarizer
IN Okumura, Osamu, Nagano, Japan
PA Seiko Epson Corporation, Japan (non-U.S. corporation)
PI US 6008871 19991228
AI US 1998-9530 19980120 (9)
PRAI JP 1997-8072 19970120
JP 1997-287157 19971020
DT Utility
FS Granted
EXNAM Primary Examiner: Sikes, William L.; Assistant Examiner: Eisenhut, Heidi L.
LREP Harness, Dickey & Pierce, P.L.C.
CLMN Number of Claims: 14
ECL Exemplary Claim: 1
DRWN 18 Drawing Figure(s); 12 Drawing Page(s)
LN.CNT 938
AB A transflective liquid crystal display device comprising a liquid crystal panel made of liquid crystal compound sandwiched between a pair of opposing substrates having transparent electrodes, a polarizer disposed on the viewer's side of said liquid crystal panel, a reflective polarizer disposed on the opposite side of the liquid crystal panel as the polarizer, and a backlight assembly. The reflective polarizer reflects light having a predetermined polarization orientation and transmits light having a different polarization orientation from the predetermined polarization orientation. Also, the backlight assembly is substantially black in a non-emissive state.

L11 ANSWER 82 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 1999:446654 SCISEARCH
GA The Genuine Article (R) Number: 187GJ
TI Comparison of two breath tests for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Stotzer P O (Reprint); Kilander A F
CS SAHLGRENS UNIV HOSP, GOTHENBURG, SWEDEN
CYA SWEDEN
SO GASTROENTEROLOGY, (APR 1999) Vol. 116, No. 4, Part 2, pp. G4062-G4062.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN

LA English
REC Reference Count: 0

L11 ANSWER 83 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 1999:446619 SCISEARCH
GA The Genuine Article (R) Number: 187GJ
TI Evaluation of the new lactose [C-13]-ureide breath test in the diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***
AU Scheurlen C (Reprint); Schober P; Marklein G; Broesicke H; Sauerbruch T; Berthold H K
CS UNIV BONN, D-5300 BONN, GERMANY; HUMBOLDT UNIV, BERLIN, GERMANY
CYA GERMANY
SO GASTROENTEROLOGY, (APR 1999) Vol. 116, No. 4, Part 2, pp. G4027-G4027.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L11 ANSWER 84 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 1999:900413 SCISEARCH
GA The Genuine Article (R) Number: 242JG
TI Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** decreases symptoms in fibromyalgia: A double blind randomized study.
AU Pimentel M (Reprint); Hallegua D; Wallace D; Bonorris G; Chow E; Tabibzadeh S; Liu H C
SO ARTHRITIS AND RHEUMATISM, (SEP 1999) Vol. 42, No. 9, Supp. [S], pp. 1632-1632.
Publisher: LIPPINCOTT WILLIAMS & WILKINS, 227 EAST WASHINGTON SQ, PHILADELPHIA, PA 19106.
ISSN: 0004-3591.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L11 ANSWER 85 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 1999:900189 SCISEARCH
GA The Genuine Article (R) Number: 242JG
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in systemic lupus erythematosus (SLE).
AU Albano S A (Reprint); Hallegua D; Wallace D J; Pimentel M; Klinenberg J R; Lin H C
SO ARTHRITIS AND RHEUMATISM, (SEP 1999) Vol. 42, No. 9, Supp. [S], pp. A1409-A1409.
Publisher: LIPPINCOTT WILLIAMS & WILKINS, 227 EAST WASHINGTON SQ, PHILADELPHIA, PA 19106.
ISSN: 0004-3591.
DT Conference; Journal
FS LIFE; CLIN
LA English

REC Reference Count: 0

L11 ANSWER 86 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 34
AN 2000:29615 BIOSIS
DN PREV200000029615
TI Bacterial populations contaminating the upper gut in patients with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome.
AU Bouhnik, Yoram (1); Alain, Sophie; Attar, Alain; Flourie, Bernard; Raskine, Laurent; Sanson-Le Pors, Marie Jose; Rambaud, Jean-Claude
CS (1) Hopital Lariboisiere-Saint-Lazare, 2 rue Ambroise Pare, 75475, Paris Cedex 10 France
SO American Journal of Gastroenterology, (May, 1999) Vol. 94, No. 5, pp. 1327-1331.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB OBJECTIVE: ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome (SIBOS) is characterized by an abnormally high bacterial population level in the upper gut, exceeding 105 organisms/ml (5 log colony-forming unit (CFU)/ml). To understand its origin and select an appropriate antibiotic treatment, we have analyzed the bacterial populations contaminating the upper gut in SIBOS patients. METHODS: Jejunal samples of 63 consecutive patients with diarrhea or malabsorption and conditions predisposing to SIBOS were cultured and antibiotic sensitivities determined. RESULTS: Concentrations of total, microaerophilic, and anaerobic bacteria were confirmed in 55 patients with SIBOS (mean +- SE) 7.6 +- 0.8, 7.4 +- 0.9, and 6.1 +- 0.7 log CFU/ml, respectively. Mean number of bacterial genera was 4.6 +- 0.8. The main bacteria recovered were (mean +- SE log CFU/ml) Streptococcus (71%; 6.4 +- 0.8), Escherichia coli (69%; 7.2 +- 0.9), Staphylococcus (25%; 6.2 +- 0.6), Micrococcus (22%; 6.0 +- 0.7), Klebsiella (20%; 7.1 +- 0.8), Proteus (11%; 6.1 +- 0.8) for microaerophilic bacteria, and Lactobacillus (75%; 6.1 +- 1.1), Bacteroides (29%; 6.9 +- 1.3), Clostridium (25%; 5.5 +- 1.0), Veillonella (25%; 5.3 +- 0.7), Fusobacterium (13%; 4.8 +- 0.5), and Peptostreptococcus (13%; 6.1 +- 0.7) for anaerobic bacteria. Amoxicillin-clavulanic acid and cefoxitin were efficient on >90% of strains. CONCLUSIONS: Contaminating flora isolated in SIBOS include commonly identified oropharyngeal and colonic flora, but these occur in SIBOS at different levels from those usually found in their original location. These data may hopefully serve as a starting point to further therapeutic controlled studies.

L11 ANSWER 87 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 35
AN 1999:253047 BIOSIS
DN PREV199900253047
TI Serum immunoglobulin and soluble IL-2 receptor levels in small intestinal overgrowth with indigenous gut flora.
AU Riordan, Stephen M. (1); McIver, Christopher J.; Wakefield, Denis; Thomas, Mervyn C.; Duncombe, Vic M.; Bolin, Terry D.
CS (1) Institute of Hepatology, University College London Medical School, 69-75 Chenies Mews, London, WC1E 6HX UK

SO Digestive Diseases and Sciences, (May, 1999) Vol. 44, No. 5, pp. 939-944.
ISSN: 0163-2116.
DT Article
LA English
SL English
AB Murine studies have demonstrated that the presence of indigenous gut flora is crucial for the induction of systemic immune hyporesponsiveness to antigens initially encountered within the gastrointestinal lumen. This study investigated whether increased titers of such flora, as occur in human ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , may be associated with increased suppression of systemic immune responsiveness and the possible relation between systemic and mucosal immunity in this setting. Serum total immunoglobulin (Ig), immunoglobulin subclass, and soluble interleukin-2 receptor levels and lamina propria IgA plasma cell counts were determined in 50 consecutive subjects with (N = 30) and without (N = 20) ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Luminal IgA levels were measured in 35 of these subjects. Serum concentrations of IgG3, but not of other immunoglobulin isotypes or soluble interleukin-2 receptors, were significantly reduced in subjects with bacterial overgrowth ($P < 0.0005$). Small intestinal lamina propria IgA plasma cell counts ($P < 0.0005$) and luminal IgA concentrations ($P = 0.001$) were significantly increased in this group. Serum IgG3 levels were significantly inversely correlated with luminal IgA levels ($P < 0.01$) and fell below the lower limit of normal (0.41 g/liter) in 17/30 (56.7%) subjects with bacterial overgrowth compared to 1/20 (5.0%) subjects without ($P < 0.0005$). These findings document an association between ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** with indigenous gut flora and reduced serum IgG3 reactivity in humans, possibly via an interaction with mucosa-related immunoregulatory mechanisms. The possibility of underlying ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** should be considered in patients with serum IgG3 deficiency, especially those with compatible symptoms and/or known predisposition.

L11 ANSWER 88 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1999:327820 BIOSIS
DN PREV199900327820
TI Comparison of two breath tests for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Stotzer, Per-Ove (1); Kilander, Anders F. (1)
CS (1) Sahlgrenska Univ Hosp, Gsteborg Sweden
SO Gastroenterology, (April, 1999) Vol. 116, No. 4 PART 2, pp. A934.
Meeting Info.: Digestive Disease Week and the 100th Annual Meeting of the American Gastroenterological Association Orlando, Florida, USA May 16-19, 1999 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 89 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1999:334013 BIOSIS
DN PREV199900334013
TI Evaluation of the new lactose (13C)-ureide breath test in the diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***

AU Scheurlen, Christian (1); Schober, P. (1); Marklein, G. (1); Broesicke, H.; Sauerbruch, T.; Berthold, H. K.
CS (1) Univ of Bonn, Bonn Germany
SO Gastroenterology, (April, 1999) Vol. 116, No. 4 PART 2, pp. A926. Meeting Info.: Digestive Disease Week and the 100th Annual Meeting of the American Gastroenterological Association Orlando, Florida, USA May 16-19, 1999 American Gastroenterological Association . ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 90 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 36
AN 1999:516327 BIOSIS
DN PREV199900516327
TI Antibiotic efficacy in ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** -related chronic diarrhea: A crossover, randomized trial.
AU Attar, Alain (1); Flourie, Bernard; Rambaud, Jean-Claude; Franchisseur, Claire; Ruszniewski, Philippe; Bouhnik, Yoram
CS (1) Departement de Gastroenterologie, Hopital Lariboisiere Saint Lazare, 2 rue Ambroise Pare, 75475, Paris Cedex 10 France
SO Gastroenterology, (Oct., 1999) Vol. 117, No. 4, pp. 794-797. ISSN: 0016-5085.
DT Article
LA English
SL English
AB Background & Aims: No controlled trial has examined the clinical efficacy of antibiotics in small bowel bacterial overgrowth. Methods: Ten patients with bacterial overgrowth-related diarrhea underwent the following five 7-day treatment periods: untreated (control period), then placebo, and subsequently, in random order and blinded fashion, norfloxacin (800 mg/day), amoxicillin-clavulanic acid (1500 mg/day), and Saccharomyces boulardii (1500 mg/day). A hydrogen breath test was performed on the first and last day of each period. Results: Daily stool frequency was similar during the control and placebo periods (4.2 +- 0.6 vs. 3.9 +- 0.6 (mean +- SEM), respectively). Norfloxacin and amoxicillin-clavulanic acid led to a significant reduction in daily stool frequency (2.3 +- 0.4 and 3.0 +- 0.5, respectively; $P < 0.01$ vs. placebo period) after 2.0 +- 1.4 and 1.2 +- 0.4 days, which was maintained for 6.1 +- 3.7 and 6.0 +- 9.6 days, respectively. Breath-expired H2 volume decreased with norfloxacin (37 +- 8 to 12 +- 5 mL per 2 hours; $P < 0.01$) and amoxicillin-clavulanic acid (24 +- 6 to 8 +- 4 mL per 2 hours, respectively; $P = 0.01$), but H2 breath test result was negative in only 3 and 5 patients. Conclusions: Norfloxacin and amoxicillin-clavulanic acid are effective in the treatment of bacterial overgrowth-related diarrhea.

L11 ANSWER 91 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 37
AN 1999:253354 BIOSIS
DN PREV199900253354
TI Assessment of gastric emptying: Comparison of solid scintigraphic emptying and emptying of radiopaque markers in patients and healthy subjects.
AU Stotzer, Per-Ove (1); Fjalling, Martha; Gretarsdottir, Jakobina;

Abrahamsson, Hasse
CS (1) Department of Internal Medicine, Sahlgrenska University Hospital, S-413 45, Goteborg Sweden
SO Digestive Diseases and Sciences, (April, 1999) Vol. 44, No. 4, pp. 729-734.
ISSN: 0163-2116.
DT Article
LA English
SL English
AB The gold standard for measuring gastric emptying is scintigraphy, either with digestible solids or liquids. Unfortunately, this method is expensive and of limited availability. An alternative could be to use radiopaque markers (ROMs). Our aim was to compare these two tests in healthy volunteers and in patients to see whether emptying of ROMs can substitute for scintigraphic solid emptying. We also intended to see if patients with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) had delayed gastric emptying. Twenty healthy subjects and 21 patients, 11 with ***SIBO*** and 10 with insulin-dependent diabetes mellitus (IDDM), were included. A standard meal with a (99mTc)MAA-labeled omelet and 20 ROMs was given. Scintigraphic emptying and ROM emptying were followed simultaneously. Reference values for gastric emptying of ROMs were determined in 50 healthy subjects. The scintigraphic method and the radiologic method correlated significantly in healthy subjects ($P < 0.05$), and in patients ($P < 0.001$), when comparing half-emptying time for both methods. Scintigraphic half-emptying time correlated significantly with emptying of ROMs after 6 hr. Six of 11 patients with ***SIBO*** ($P < 0.02$) and 7/10 patients with IDDM ($P < 0.02$) had delayed scintigraphic emptying of solids using the 95th percentile in the controls as the upper reference value. Gastric emptying of ROMs was, similar to solid scintigraphic gastric emptying, slower in women than in men. In conclusion, scintigraphic emptying of solids and emptying of ROMs are closely correlated. The radiologic method can be used as a simpler and more readily available method. Women have slower gastric emptying of ROMs than men, which necessitates separate reference values. A high proportion of patients with symptomatic IDDM and with ***SIBO*** have delayed gastric emptying.

L11 ANSWER 92 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 1999:634751 SCISEARCH
GA The Genuine Article (R) Number: 225TH
TI Clinical biochemistry in dog and cat malabsorption syndrome.
AU Gamet Y (Reprint)
CS CROS MURE, F-84100 UCHAUX, FRANCE (Reprint)
CYA FRANCE
SO REVUE DE MEDECINE VETERINAIRE, (JUL 1999) Vol. 150, No. 7, pp. 635-644.
Publisher: ECOLE NATIONAL VET TOULOUSE, 23 CHEMIN DES CAPELLES, 31076 TOULOUSE, FRANCE.
ISSN: 0035-1555.
DT Article; Journal
FS AGRI
LA French
REC Reference Count: 43
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Various diseases, e.g. exocrine pancreas insufficiency (PEI), digestive mucosal diseases and small intestine bacterial overgrowth (***SIBO***

), can cause a maldigestion-malabsorption syndrome (MSS). These can usually not be differentiated by clinical examination nor by routine chemistry, except for protein-losing enteropathy. The measurement of TLI (Trypsinlike immunoreactivity) allows a definitive diagnosis of PEI and now prevails on all qualitative and semi-quantitative indirect tests of pancreas function. Folates and vitamin B12 can be measured simultaneously for the diagnosis of ***SIBO*** or of mucosal disease. However they are not as efficient as TLI and results are at best evocative of a specific disorder. Other diagnostic procedures have been developed, namely breath hydrogen and absorption/permeability tests. They have not yet replaced histopathologic examination, which remains necessary for the diagnosis of mucosal diseases, the main cause of primary MSS.

L11 ANSWER 93 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 38
AN 1999:418881 BIOSIS
DN PREV199900418881
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Johnston, Karen L. (1)
CS (1) 2307 Shire Lane, Davis, CA, 95616 USA
SO Veterinary Clinics of North America Small Animal Practice, (March, 1999) Vol. 29, No. 2, pp. 523-550.
ISSN: 0195-5616.
DT General Review
LA English

L11 ANSWER 94 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1999:534965 BIOSIS
DN PREV199900534965
TI Eradication of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** decreases symptoms in fibromyalgia: A double blind randomized study.
AU Pimentel, M. (1); Hallegua, D. (1); Wallace, D. (1); Bonorris, G. (1); Chow, E. (1); Tabibzadeh, S. (1); Lin, H. C. (1)
CS (1) Los Angeles, CA USA
SO Arthritis & Rheumatism, (Sept., 1999) Vol. 42, No. 9 SUPPL., pp. S343.
Meeting Info.: 63rd Annual Scientific Meeting of the American College of Rheumatology and the 34th Annual Scientific Meeting of the Association of Rheumatology Health Professionals Boston, Massachusetts, USA November 13-17, 1999
ISSN: 0004-3591.
DT Conference
LA English

L11 ANSWER 95 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1999:531576 BIOSIS
DN PREV199900531576
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in systemic lupus erythematosus (SLE.
AU Albano, S. A. (1); Hallegua, D.; Wallace, D. J.; Pimentel, M.; Klinenberg, J. R.; Lin, H. C.
CS (1) Los Angeles, CA USA
SO Arthritis & Rheumatism, (Sept., 1999) Vol. 42, No. 9 SUPPL., pp. S305.
Meeting Info.: 63rd Annual Scientific Meeting of the American College of

Rheumatology and the 34th Annual Scientific Meeting of the Association of Rheumatology Health Professionals Boston, Massachusetts, USA November 13-17, 1999
ISSN: 0004-3591.
DT Conference
LA English

L11 ANSWER 96 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 39
AN 2000:70419 CABA
DN 20001411440
TI Guide lines on intestinal dysmicrobism (***SIBO*** : ***small*** ***intestinal***; ***bacterial*** ***overgrowth***)
Linee guida sul dismicrobismo intestinale (***SIBO*** : ***small*** ***intestinal*** ***bacterial*** ***overgrowth***)
AU Bayeli, P. F.; Mariottini, M.; Lisi, L.; Ferrari, P.; Tedone, F.
CS Alfa Wassermann, Via Ragazzi del'99, 40133 Bologna, Italy.
SO Minerva Gastroenterologica e Dietologica, (1999) Vol. 45, No. 4, pp. 297-308. 47 ref.
ISSN: 0026-4776
DT Journal
LA Italian
SL English

L11 ANSWER 97 OF 286 MEDLINE
AN 1998212750 MEDLINE
DN 98212750 PubMed ID: 9551386
TI Intestinal permeability in canine ***SIBO*** .
AU Gibson A
SO JOURNAL OF SMALL ANIMAL PRACTICE, (1998 Mar) 39 (3) 155.
Journal code: 0165053. ISSN: 0022-4510.
CY ENGLAND: United Kingdom
DT News Announcement
LA English
FS Priority Journals
EM 199805
ED Entered STN: 19980609
Last Updated on STN: 19980609
Entered Medline: 19980526

L11 ANSWER 98 OF 286 USPATFULL
AN 1998:78776 USPATFULL
TI Process for treating small intestine bacterial overgrowth in animals
IN Reinhart, Gregory A., Dayton, OH, United States
PA The Iams Company, Dayton, OH, United States (U.S. corporation)
PI US 5776524 19980707
AI US 1996-741300 19961030 (8)
RLI Continuation of Ser. No. US 1997-428875, filed on 25 Apr 1997, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Corbin, Arthur L.
LREP Killworth, Gottman, Hagan & Schaeff,L.L.P.
CLMN Number of Claims: 3
ECL Exemplary Claim: 1
DRWN No Drawings

LN.CNT 230
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A pet food product which is useful for reducing the amount of harmful bacteria in the small intestine is provided. The pet food composition contains, on a dry matter basis, from about 0.2 to 1.5 weight percent of a fructooligosaccharide and is fed to a pet, such as a dog, cat or horse.

L11 ANSWER 99 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 40
AN 1999060011 EMBASE
TI Steatorrhea and weight loss in a 72-year-old man: Primary biliary cirrhosis? Celiac disease? Bacterial overgrowth? What else?.
AU DiBaise J.K.; Paustian F.F.
CS Dr. F.F. Paustian, Univ. of Nebraska Medical Center, 600 So. 42nd Street, Omaha, NE 68198-2000, United States
SO American Journal of Gastroenterology, (1998) 93/11 (2226-2230).
Refs: 36
ISSN: 0002-9270 CODEN: AJGAAR
PUI S 0002-9270(98)00501-2
CY United States
DT Journal; Article
FS 037 Drug Literature Index
048 Gastroenterology
LA English
SL English
AB Unintentional weight loss is an ominous sign, particularly when it occurs in the elderly; concern for malignancy is especially worrisome. In this report, we describe a 72-yr-old man who presented with weight loss and was found to have massive steatorrhea. An extensive evaluation revealed evidence of primary biliary cirrhosis (PBC), celiac disease, and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . No malignancy was identified. The weight loss was attributed to severe steatorrhea due, in part, to intraluminal bile salt deficiency, small bowel mucosal disease, and bacterial overgrowth. Several points are discussed regarding gastrointestinal function in elderly patients with chronic liver disease secondary to PBC. The rare association between PBC and celiac disease in adults is also discussed. Finally, we suggest that bacterial overgrowth plays a significant role in the development of steatorrhea in some persons with PBC and that an assessment for bacterial overgrowth should be performed on persons with steatorrhea and PBC.

L11 ANSWER 100 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 1998:387602 SCISEARCH
GA The Genuine Article (R) Number: ZH263
TI Evaluation of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in fibrocalculous pancreatic diabetes.
AU Bardhan P K (Reprint); Kogon M; Khan A K A; Beglinger C; Gyr N
SO GASTROENTEROLOGY, (15 APR 1998) Vol. 114, No. 4, Part 2, Supp. [S], pp. G1789-G1789.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA English

REC Reference Count: 0

L11 ANSWER 101 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 41
AN 1998:481332 BIOSIS
DN PREV199800481332
TI Diagnosis of ***small*** ***intestinal*** ***bacterial***
overgrowth in clinical praxis: A comparison of the culture of small bowel aspirate, duodenal biopsies and gastric aspirate.
AU Stotzer, Per-Ove (1); Brandberg, Ake; Kilander, Anders F.
CS (1) Dep. Intern. Med., Sahlgrenska Univ. Hosp., 413 45 Goteborg Sweden
SO Hepato-Gastroenterology, (July-Aug., 1998) Vol. 45, No. 22, pp. 1018-1022.
ISSN: 0172-6390.
DT Article
LA English
AB BACKGROUND/AIMS: This study was undertaken to validate the usefulness of the culture of duodenal biopsy specimens and gastric aspirate compared to the culture of small bowel aspirate for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . We also investigated the occurrence of predisposing conditions in these patients. METHODOLOGY: Seventy five consecutive patients, admitted because of symptoms which caused us to suspect ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , were studied. For all patients, specimens for the culture of small bowel aspirate, duodenal biopsies and gastric aspirate were obtained during upper endoscopy. RESULTS: Eighteen patients showed growth of gram negative bacteria, 22 growth of gram positive bacteria and 35 showed no significant growth in cultures of small bowel aspirate. Cultures of duodenal biopsies revealed gram negative bacteria in 11 patients, gram positive bacteria in 9 and no growth in 55. Cultures of gastric aspirate revealed gram negative bacteria in 7 patients, gram positive bacteria in 12 and no growth in 51. Ten of the 18 patients with gram negative overgrowth and 13 of the 22 patients with gram positive overgrowth had a predisposing condition. In contrast, only 4 of the 35 without overgrowth had a predisposing condition. CONCLUSIONS: The culture of duodenal biopsy specimens or gastric aspirate is a less sensitive method than the culture of small bowel aspirate. Most patients with culture-proven ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** had at least one predisposing condition.

L11 ANSWER 102 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 42
AN 1998:476235 BIOSIS
DN PREV199800476235
TI ***Small*** - ***intestinal*** ***bacterial***
overgrowth in patients with liver cirrhosis, diagnosed with glucose H2 or CH4 breath tests.
AU Yang, C.-Y.; Chang, C.-S.; Chen, G.-H. (1)
CS (1) Div. Gastroenterol., Dep. Internal Med., Taichung Veterans Gen. Hosp., No. 160 Sec. 3 Chung-Kung Rd., Taichung 40705 Taiwan
SO Scandinavian Journal of Gastroenterology, (Aug., 1998) Vol. 33, No. 8, pp. 867-871.
ISSN: 0036-5521.
DT Article
LA English
AB Background: ***Small*** - ***intestinal*** ***bacterial***

overgrowth (***SIBO***) has been considered a predisposing factor of spontaneous bacterial peritonitis in cirrhotic patients by bacterial translocation or hematogenous spread during spontaneous bacteremia. We investigated 45 cirrhotic patients and 28 healthy subjects to assess the prevalence of ***SIBO*** and its relationship with the severity of liver dysfunction and the presence of ascites. Methods: Bacterial overgrowth was measured by the glucose hydrogen and methane breath test. Results: ***SIBO*** was documented in 16 (35.6%) of the 45 cirrhotic patients and in 1 (3.6%) of the 28 healthy controls. The prevalence of ***SIBO*** was significantly higher in patients with Child-Pugh class B or C (50%) than in those with class A (19%) and had no relationship with the presence or absence of ascites. Conclusions: We conclude that the prevalence of ***SIBO*** in cirrhotic patients is approximately 35.6% and that it is related to the severity of liver disease. There was no difference among various causes of cirrhosis, such as viral, alcoholic, or idiopathic.

L11 ANSWER 103 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 43
AN 1999:9922 CABA
DN 982220517
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** and inflammatory bowel diseases in dogs. Evaluation of the therapeutic efficacy of spiramycin-metronidazole
Proliferations bacteriennes chroniques et maladies inflammatoires chroniques de l'intestin greele du chien. Evaluation de l'efficacite therapeutique d'une association de spiramycine et de metronidazole
AU Lecoindre, P.; Chevallier, M.; Gillard, R.; Dairin, F.
CS ALGEC Association Lyonnaise de Gastroenterologie comparee, 50 rue Jeanne d'Arc F-69003 Lyon, France.
SO Revue de Medecine Veterinaire, (1998) Vol. 149, No. 8/9, pp. 843-852. 34 ref.
DT Journal
LA French
SL English
AB 11 dogs with either chronic inflammatory bowel disease (CIBD, 4 dogs), or small intestine bacterial overgrowth (***SIBO*** , 2 dogs), or both these diseases (5 dogs), were given a combination of spiramycin and metronidazole (150 000 UI of spiramycin and 25 mg of metronidazole per kg, daily for 20 days). Each dog was examined on Day zero (D0) and Day 30 (D30) (10 days after treatment). Quantitative analysis of villous areas (by image analysis) and quantitative analysis of bacteriological load from duodenal juice were performed from endoscopic biopsy samples at D0 and D30. Treatment caused a significant clinical improvement in 82% of cases. A significant increase of the average villous area (+28% for the entire dog population) and a normalization of the aerobic bacteria. Enumeration in the duodenum was observed in association with clinical improvement. It is concluded that antibiotics such as spiramycin-metronidazole may be successfully used for treating IBD and ***SIBO*** in the dog.

L11 ANSWER 104 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 44
AN 1998:128856 CABA
DN 982212032
TI Assessment of intestinal function in cats with chronic diarrhea after infection with feline immunodeficiency virus
AU Papasouliotis, K.; Gruffydd-Jones, T. J.; Werrett, G.; Brown, P. J.;

Hopper, C. D.; Stokes, C. R.; Harbour, D. A.
CS Divisions of Companion Animals University of Bristol, Langford House, Langford, Bristol BS18 7DU, UK.
SO American Journal of Veterinary Research, (1998) Vol. 59, No. 5, pp. 569-574. 40 ref.
ISSN: 0002-9645
DT Journal
LA English
AB 10 cats that developed chronic diarrhoea when being used in studies of pathogenicity and transmission of feline immunodeficiency virus (FIV) were investigated by routine haematological and serum biochemical analyses, urinalysis, faecal parasitological and microbiological examinations, breath hydrogen lactulose (BH2LT) and xylose (BH2XT) tests, intestinal permeability test, endoscopic examination of the intestinal mucosa, bacteriological culture of endoscopically collected small intestinal juice, and histological examination of endoscopically obtained intestinal biopsy specimens. Three cats had neutrophilia and 2 had lymphopenia. Serum biochemical abnormalities were not observed. Urinalysis results were unremarkable. Faecal bacteriological and parasitological results were normal, except for isolation of Campylobacter sp. from 1 cat. Abnormal BH2XT values suggestive of D-xylose malabsorption were identified in 2 cats, and BH2LT values indicated evidence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in 1 cat. Permeability test results, quantitation of bacterial flora from the proximal part of the small intestine and histological examination of biopsy specimens did not reveal any abnormalities. It is concluded that enteric pathogens did not account for the development of diarrhoea in cats with experimentally induced FIV infection, and consistent relevant mechanisms of small intestinal dysfunction were not identified.

L11 ANSWER 105 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 45
AN 1999:147886 BIOSIS
DN PREV199900147886
TI Chronic diarrhea and diabetes mellitus: Prevalence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Virally-Monod, M. (1); Tielmans, D.; Kevorkian, J. P.; Bouhnik, Y.; Flourie, B.; Porokhov, B.; Ajzenberg, C.; Warnet, A.; Guillausseau, P. J.
CS (1) Hop. Lariboisiere, Serv. Med. B, 2 rue Ambroise Pare, 75475 Paris Cedex 10 France
SO Diabetes & Metabolism, (Dec., 1998) Vol. 24, No. 6, pp. 530-536.
ISSN: 1262-3636.
DT Article
LA English
SL English; French
AB The mechanisms of chronic diarrhoea, a frequent symptom in diabetes mellitus, are multifactorial and complex, although ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and autonomic neuropathy seem to play a major role. This study evaluated the prevalence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and the effects of antibiotic treatment in a population of diabetic patients with chronic diarrhoea (defined as > 3 stools/24 h, weight > 200 g/24 h, duration > 3 weeks). ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome was diagnosed by glucose-hydrogen breath testing (sensitivity: 78%,

specificity: 89%). The characteristics of diarrhoea (duration, number of stools per day, and gastrointestinal symptoms) were noted. Autonomic neuropathy was assessed by cardiac parasympathetic tests. A total of 35 patients were included, 15 with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome (43%, group 1) and 20 with no bacterial overgrowth (group 2). Age (52.9 +- 13.2 vs. 5.29 +- 11.8 years, NS), duration of diabetes (13.8 +- 91 vs. 10.6 +- 7.8 years, NS), and HbA1c level (10 +- 2.9 vs. 10.9 +- 2.4%, NS) were not different between the two groups. In group 1, duration of diarrhoea was longer (18.1 +- 18.5 vs. 7.75 +- 4.02 months, P = 0.05), the number of stools higher (7.1 +- 5.7 vs. 4.6 +- 2.6/24 h, P < 0.05), and gastrointestinal symptoms more frequent (13 vs. 10, P < 0.05). The prevalence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome and gastrointestinal symptoms was not different in patients with and without autonomic neuropathy (9 vs. 8 and 12 vs. 11 respectively, NS). Eight patients with bacterial overgrowth received antibiotics (amoxicillin-clavulanic acid, 1.5 g/24 h for 10 days). Dramatic clinical improvement was observed in 6 out of 8 of these patients. It is concluded that ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** should be considered in case of chronic diabetic diarrhea because of its frequency (43%), facility of diagnosis, and often successful treatment with antibiotics.

L11 ANSWER 106 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 46
AN 1998:208605 BIOSIS
DN PREV199800208605
TI Interleukin-6 and small intestinal luminal immunoglobulins.
AU Riordan, Stephen M. (1); McIver, Christopher J.; Wakefield, Denis; Thomas, Mervyn C.; Duncombe, Vic M.; Bolin, Terry D.
CS (1) Inst. Hepatol., Univ. Coll. London Med. Sch., 69-75 Chenies Mews, London WC1E 6HX UK
SO Digestive Diseases and Sciences, (Feb., 1998) Vol. 43, No. 2, pp. 442-445. ISSN: 0163-2116.
DT Article
LA English
AB Our aim was to determine the relationships between interleukin-6 and immunoglobulin levels within small intestinal luminal secretions. Twenty adult subjects with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (N = 13), irritable bowel syndrome (N = 4), and nonulcer dyspepsia (N = 3) underwent endoscopic aspiration of secretions from the small intestinal mucosal surface for assessment of IL-6, IgA1, IgA2, IgM, IgG3, IgG2, IgG3, and IgG4 concentrations. Serum immunoglobulin concentrations and small intestinal histology were also determined. IgA2 and IgG3 were the predominant IgA and IgG subclasses in luminal secretions in 19/20 (95%) and 20/20 (100%) subjects, respectively. IgA, and IgG, predominated in serum in all subjects. No subject had villous atrophy. Luminal IL-6 concentrations correlated significantly with luminal IgA2, IgM, and IgG3 concentrations but not with IgA, or any other IgG subclass levels. Conversely, luminal IL-6 or immunoglobulin concentrations did not correlate significantly with levels of any immunoglobulin isotype in serum. These observations suggest that important relationships exist between local IL-6 and IgA2, IgM, and IgG3 responses in human small intestinal luminal secretions. Local investigation is mandatory when assessing intestinal immune activity.

L11 ANSWER 107 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1998:285784 BIOSIS
DN PREV199800285784
TI Evaluation of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in fibrocalculous pancreatic diabetes.
AU Bardhan, P. K. (1); Kogon, M.; Azad Khan, A. K. (1); Beglinger, C.; Gyr, N.
CS (1) Dhaka Bangladesh
SO Gastroenterology, (April 15, 1998) Vol. 114, No. 4 PART 2, pp. A440.
Meeting Info.: Digestive Disease Week and the 99th Annual Meeting of the American Gastroenterological Association New Orleans, Louisiana, USA May 16-22, 1998 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 108 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1999:119279 BIOSIS
DN PREV199900119279
TI Nutritional implications of gut overgrowth and selective decontamination of the digestive tract.
AU Donnell, S. C.; Taylor, N.; Saene, H. K. F. Van (1); Pierro, A.; Lloyd, D. A.
CS (1) Clinical Microbiology/Infection Control, Royal Liverpool Children's NHS Trust, Alder Hey, Liverpool L12 2AP UK
SO Proceedings of the Nutrition Society, (Aug., 1998) Vol. 57, No. 3, pp. 381-387.
Meeting Info.: Joint Meeting of the Clinical Nutrition and Metabolism Group of the Nutrition Society and the British Association for Parental and Enteral Nutrition Blackpool, England, UK December 2-4, 1997 British Association for Parenteral and Enteral Nutrition
. ISSN: 0029-6651.
DT Conference
LA English

L11 ANSWER 109 OF 286 MEDLINE
AN 1998313705 MEDLINE
DN 98313705 PubMed ID: 9650019
TI The aging gut. Nutritional issues.
AU Saltzman J R; Russell R M
CS Division of Digestive Disease and Nutrition, University of Massachusetts Medical Center, Worcester, Massachusetts, USA.
SO GASTROENTEROLOGY CLINICS OF NORTH AMERICA, (1998 Jun) 27 (2) 309-24. Ref: 78
Journal code: 8706257. ISSN: 0889-8553.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199809
ED Entered STN: 19980917
Last Updated on STN: 19980917

Entered Medline: 19980910

AB With improvements in health care, living standards, and socioeconomic status, more adults are living to old age. As the population ages, it is increasingly important to understand the factors that affect the nutritional status and thus the health status of older adults. Many factors contribute to inadequate nutrition, including health status, financial capacities, mobility, exercise, and physiologic needs. This article considered only the potential changes in nutritional needs because of alterations in the gastrointestinal tract owing to aging. One of the most remarkable changes with aging is the frequent development of atrophic gastritis and the inability to secrete gastric acid. This process affects approximately a third of older adults in the United States and only recently was recognized to be due to infection by H. pylori in the majority of cases. The lack of gastric acid in atrophic gastritis may lead to ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and influences the absorption of a variety of micronutrients, including iron, folate, calcium, vitamin K, and vitamin B12. Lactose maldigestion is a frequent condition in older adults and is extremely common worldwide. The intolerance of dairy products leads to avoidance of these foods and likely contributes to the development of osteopenia. Overall, the small intestine and pancreas undergo astonishingly few clinically significant changes with aging. The relative preservation of overall gastrointestinal function with aging is likely due to the large reserve capacity of this multiorgan system. Further research is needed to define the precise nutritional needs for older adults because simple extrapolation of values from younger adults is now recognized to be insufficient. In addition, it is no longer acceptable to define adequate nutriture in terms of amounts of vitamins needed to maintain serum levels of a nutrient. Further RDAs must consider the functional implications of adequate nutrition. Nutrients in the elderly will be measured as to whether they result in improvements in markers of chronic disease such as homocysteine or, most importantly, in the prevention of chronic disease such as osteoporosis and cardiovascular disease.

L11 ANSWER 110 OF 286 CABA COPYRIGHT 2003 CABI
AN 1998:166057 CABA
DN 980807360
TI Intermittent-dose metronidazole-induced peripheral neuropathy
AU Dreger, L. M.; Gleason, P. P.; Chowdhry, T. K.; Gazzuolo, D. J.
CS Department of Pharmacy, Wausau Hospital, Wausau, WI, USA.
SO Annals of Pharmacotherapy, (1998) Vol. 32, No. 2, pp. 267-268. 8 ref.
ISSN: 1042-9611
DT Journal
LA English
AB A case of peripheral neuropathy associated with intermittent use of metronidazole is reported. A 65-year-old woman presented with a 2-month history of persistent numbness and tingling in her upper and lower extremities. She had been receiving 500 mg metronidazole 4 times a day for 5 days every 2 months, alternating with tetracycline treatment, for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Discontinuation of metronidazole treatment resulted in complete resolution of peripheral neuropathy at 5 months follow-up.

L11 ANSWER 111 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 2000:122409 CAPLUS

DN 133:148737
TI Hepatic injury and biliary tract diseases associated with ***small*** ***intestinal*** ***bacterial*** ***overgrowth***
AU Sartor, R. B.; Lichtman, S. N.
CS Division of Digestive Diseases, Department of Medicine, Chapel Hill, NC, 72599-7080, USA
SO Falk Symposium (1998), 100(Gut and the Liver), 241-250
CODEN: FASYDI; ISSN: 0161-5580
PB Kluwer Academic Publishers
DT Journal; General Review
LA English
AB A review with 17 refs. Intestinal inflammation assocd. with hepatobiliary diseases like ulcerative colitis, Crohn's disease, jejunoileal bypass, Whipple's disease and coeliac disease and the mechanism of pathogenesis of these diseases are given. Influences of luminal anaerobic bacteria and their cell wall polymers like lipopolysaccharides on hepatobiliary injury are discussed. Immune mechanisms involving Kupffer's cells and the related secretion of cytokines and their roles in the pathogenesis of hepatobiliary injury are also outlined.
RE.CNT 17 THERE ARE 17 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 112 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 47
AN 1999049396 EMBASE
TI Liver damage in human ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Riordan S.M.; McIver C.J.; Williams R.
CS Dr. R. Williams, Institute of Hepatology, 69-75 Chenies Mews, London WC1E 6HX, United Kingdom
SO American Journal of Gastroenterology, (1998) 93/2 (234-237).
Refs: 25
ISSN: 0002-9270 CODEN: AJGAAR
PUI S 0002-9270(97)00051-8
CY United States
DT Journal; Article
FS 004 Microbiology
048 Gastroenterology
LA English
SL English
AB Objective: Some rodent strains with experimental ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) unrelated to jejunoileal bypass are susceptible to hepatic damage, possibly because of increased small intestinal permeability to proinflammatory bacterial polymers. However, data on the prevalence of hepatic damage in human subjects with ***SIBO*** in this setting are lacking. This study addressed this issue. Methods: Seventy adult subjects were investigated for possible ***SIBO*** and hepatic damage with bacteriological analysis of small intestinal aspirates and measurement of serum concentrations of alkaline phosphatase, gamma-glutamyl transpeptidase, aspartate aminotransferase, and alanine aminotransferase. Nutritional indices (serum albumin and anthropometry) and the urinary lactulose/mannitol ratio, an index of small intestinal permeability, were measured in all subjects with ***SIBO*** and liver damage. Results: ***SIBO*** was present in 40 of 70 subjects (57.1%). Overgrowth flora included salivary-type bacteria alone in 11 subjects and colonic-type

bacteria in 29 subjects (facultative anaerobes [Enterobacteriaceae] alone in 21 subjects and both facultative and obligate anaerobes [Enterobacteriaceae and Bacteroides spp] in eight subjects). Biochemical evidence of liver damage was found in zero of 30 subjects without ***SIBO*** , zero of 11 subjects with ***SIBO*** with salivary-type bacteria alone, zero of 21 subjects with ***SIBO*** with facultative but not obligate anaerobic colonic- type bacteria, and in one of eight subjects (12.5%) with ***SIBO*** with obligate anaerobic colonic-type bacteria, in whom serum alkaline phosphatase and gamma-glutamyl transpeptidase levels were elevated. Nutritional indices were normal in this patient. Small intestinal permeability was increased and, along with liver enzyme abnormalities, normalized after eradication of ***SIBO*** . Small intestinal permeability was also increased in three of six patients (50.0%) with ***SIBO*** with obligate anaerobic colonic-type bacteria who had no evidence of liver damage. Conclusions: ***SIBO*** per se is not a major risk factor for liver damage in humans, even when the overgrowth flora includes obligate anaerobes. Liver damage is not a necessary consequence of increased small intestinal permeability in this setting.

L11 ANSWER 113 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1998:525095 BIOSIS
DN PREV199800525095
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in patients with cirrhosis of the liver is associated with malnutrition.
AU Bauer, T. M. (1); Brinkmann, F. E.; Ditzen, A. K.; Steinbrueckner, B.; Schwacha, H.; Kist, M.; Blum, H. E.
CS (1) Div. Gastroenterol., Dep. Intern. Med., Univ. Freiburg, Freiburg Germany
SO Hepatology, (Oct., 1998) Vol. 28, No. 4 PART 2, pp. 197A.
Meeting Info.: Biennial Scientific Meeting of the International Association for the Study of the Liver and the 49th Annual Meeting and Postgraduate Courses of the American Association for the Study of Liver Diseases Chicago, Illinois, USA November 4-10, 1998 International Association for the Study of the Liver
. ISSN: 0270-9139.
DT Conference
LA English

L11 ANSWER 114 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 1998:244335 SCISEARCH
GA The Genuine Article (R) Number: ZC846
TI Intestinal permeability in canine ***SIBO***
AU Gibson A
SO JOURNAL OF SMALL ANIMAL PRACTICE, (MAR 1998) Vol. 39, No. 3, pp. 155-155.
Publisher: BRITISH VETERINARY ASSOC, 7 MANSFIELD ST, LONDON, ENGLAND W1M 0AT.
ISSN: 0022-4510.
DT News Announcement; Journal
FS AGRI
LA English
REC Reference Count: 0

L11 ANSWER 115 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)

AN 1998:789151 SCISEARCH
GA The Genuine Article (R) Number: 125VQ
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth in patients with cirrhosis of the liver is associated with malnutrition.
AU Bauer T M (Reprint); Brinkmann F E; Ditzen A K; Steinbruckner B; Schwacha H; Kist M; Blum H E
CS UNIV FREIBURG, DEPT MICROBIOL, D-7800 FREIBURG, GERMANY
CYA GERMANY
SO HEPATOLOGY, (OCT 1998) Vol. 28, No. 4, Part 2, Supp. [S], pp. 138-138.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399.
ISSN: 0270-9139.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L11 ANSWER 116 OF 286 CABA COPYRIGHT 2003 CABI
AN 1999:139556 CABA
DN 992212410
TI A study of the pathogenesis of inflammatory bowel disease in the cats
AU Durgut, R.
CS Mustafa Kemal Universitesi Veteriner Fakultesi Ic Hastaliklari Bilim Dali, Hatay, Turkey.
SO Kafkas Universitesi Veteriner Fakultesi Dergisi, (1998) Vol. 4, No. 1/2, pp. 21-30. 39 ref.
DT Journal
LA English
SL Turkish
AB The induction of dietary hypersensitivity using selected antigen (in soya) was used to establish an experimental model of feline inflammatory bowel disease (IBD). Following the introduction of novel dietary antigens macroscopic and microscopic examination of the intestinal mucosa by endoscopy, bacteriological culture of endoscopically collected small intestinal juice and histological examination of endoscopically obtained intestinal biopsies were carried out. The numbers of intraepithelial lymphocytes (IEL) and the relative numbers of plasma cells (IgG, IgM, IgA), T cells (CD4+, CD8+, CD5+) and MHC class II+ cells in the lamina propria were counted. Villus width was also measured. Measurement of the hydrogen concentration in breath was used to diagnose ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** after administration lactulose and malabsorption after administration of xylose. Intestinal permeability was determined from the percentage urinary recovery of the disaccharide, lactulose, and the monosaccharide, mannitol, after administration of these sugars as an isotonic solution. By day 165, histologically some villi were wider, and there was an increase in the number of neutrophils and macrophages in the lamina propria of the cats fed ovalbumin.

L11 ANSWER 117 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 97:805344 SCISEARCH
GA The Genuine Article (R) Number: XY874
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth in patients with liver cirrhosis.

AU Schwacha H (Reprint); Bauer T M; Brinkmann F E; Ditzen A K; Steinbruckner B; Kist M; Blum H E
CS UNIV HOSP FREIBURG, DEPT INTERNAL MED, DIV GASTROENTEROL, FREIBURG, GERMANY
CYA GERMANY
SO HEPATOLOGY, (OCT 1997) Vol. 26, No. 4, Part 2, Supp. [S], pp. 1881-1881.
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399.
ISSN: 0270-9139.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L11 ANSWER 118 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 48
AN 1997:412378 BIOSIS
DN PREV199799704421
TI Luminal antigliadin antibodies in ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Riordan, Stephen M.; McIver, Christopher J. (1); Wakefield, Denis; Duncombe, Vic M.; Bolin, Terry D.; Thomas, Mervyn C.
CS (1) Microbiol. Dep., Prince of Wales Hosp., High St., Randwick, 2031 NSW Australia
SO American Journal of Gastroenterology, (1997) Vol. 92, No. 8, pp. 1335-1338.
ISSN: 0002-9270.
DT Article
LA English
AB Objective: Elevated antigliadin antibody levels in small intestinal luminal secretions of subjects with normal or only mildly abnormal small intestinal histology are considered indicative of "latent" or "potential" celiac disease. The purpose of this study was to determine whether ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) might provide an alternative explanation for positive luminal antigliadin antibodies in such subjects. Methods: Twenty-six adult subjects without predisposition to disturbed mucosal immunity were investigated with culture of small intestinal luminal secretions. Luminal total IgA and IgA-antigliadin antibody concentrations were measured by radial immunodiffusion and indirect enzyme immunoassay, respectively. Local mucosal counts of IgA-plasma cells were determined by immunohistochemistry. Small intestinal histology and intraepithelial lymphocyte counts were assessed by light microscopy. Corresponding serum antigliadin antibody concentrations were determined. Results: ***SIBO*** was present in 17/26 (65.4%) subjects. No subject with ***SIBO*** had villous atrophy. Luminal total IgA concentrations (p lt 0.0005), mucosal IgA-plasma cell counts (p lt 0.01), and intraepithelial lymphocyte counts (p lt 0.01) were significantly increased in subjects with ***SIBO*** . Luminal IgAantigliadin antibodies were detected in 6/17 (35.3 %) subjects with ***SIBO*** and 0/9 (0%) subjects without ***SIBO*** . Luminal IgA-antigliadin antibody concentrations correlated significantly with luminal total IgA levels (p lt 0.01) but not with serum values (p lt 0.1). Serum IgG-antigliadin antibody concentrations were elevated in 2/6 (33.3%) subjects with ***SIBO*** and positive luminal antigliadin antibodies. Conclusions: ***SIBO*** may be an alternative explanation to "latent"

or "potential" celiac disease for positive luminal antigliadin antibodies in subjects with either normal or only mildly abnormal small intestinal histology, even when serum antigliadin antibody concentrations are elevated. Positive luminal antigliadin antibodies in ***SIBO*** probably occur as epiphenomena in the context of a graded mucosal immune response to local bacterial antigens.

L11 ANSWER 119 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 49
AN 1997:342285 BIOSIS
DN PREV199799641488
TI Local and systemic complement activity in ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Riordan, Stephen M.; McIver, Christopher J. (1); Wakefield, Denis; Andreopoulos, Phillip C.; Duncombe, Vic M.; Bolin, Terry D.; Thomas, Mervyn C.
CS (1) Dep. Microbiol., Prince of Wales Hosp., High and Avoca Sts., Randwick, NSW 2031 Australia
SO Digestive Diseases and Sciences, (1997) Vol. 42, No. 6, pp. 1128-1136.
ISSN: 0163-2116.
DT Article
LA English
AB It is unknown whether bacteriolysis due to luminal complement activation contributes to local defense mechanisms against ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , particularly with gram-negative bacteria. This study addressed this issue. Thirty adult subjects were investigated with culture of luminal secretions adherent to proximal small intestinal mucosa. Luminal and plasma concentrations of C3 and C3d and C3d/C3 ratios were determined. Activated terminal complement complex was sought in surface epithelium to which aspirated secretions had been adherent. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** with gram-negative bacteria was present in 12/30 (40.0%) subjects. C3, C3d, and C3d/C3 profiles indicated that increased local but not systemic C3 activation occurs in this group. Conversely, no activation of terminal complement complex was evident in this circumstance. Thus, complement-mediated bacteriolysis is unlike to contribute to local defense mechanisms against ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , even when overgrowth flora includes gram-negative bacteria. Factors preventing full local activation of the complement cascade in this circumstance require investigation.

L11 ANSWER 120 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1998:71050 BIOSIS
DN PREV199800071050
TI "New" method of diagnosing malabsorption in cats and dogs: Measurement of hydrogen in expired air.
AU Spohr, Anette; Vibe-Petersen, Gunvor
CS Hosp. Mindre Husdyr, Klin. Inst., Kgl. Vet. Landbohojskole, Buelowsvej 13, 1870 Frederiksberg C Denmark
SO Dansk Veterinaertidsskrift, (Dec. 15, 1997) Vol. 80, No. 24, pp. 1019-1023.
ISSN: 0106-6854.
DT General Review
LA Danish

SL Danish; English
AB Hydrogen (H2) is a product of the microbial fermentation of carbohydrates in the colon. Hydrogen can be measured in expired air and used as a measure of carbohydrate malabsorption. In human medicine the test has been widely used to diagnose ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , carbohydrate malabsorption and to estimate orocolonic transit time. The test has been introduced in veterinary medicine in the 1980's. This paper reviews the methodology of the test and interpretation of the results. Furthermore the principles of hydrogen formation and excretion are described.

L11 ANSWER 121 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 50
AN 1998:74019 BIOSIS
DN PREV199800074019
TI Lactulose: A multifaceted substance.
AU Huchzermeyer, Hans (1); Schumann, C.
CS (1) Dep. Intern. Med., Gen. Hosp., PB 33 80, D-32390 Minden Germany
SO Zeitschrift fuer Gastroenterologie, (Oct., 1997) Vol. 35, No. 10, pp. 945-955.
ISSN: 0044-2771.
DT General Review
LA English
SL English; German
AB Lactulose is therapeutically used in hepatic encephalopathy, constipation, and salmonellosis. This semisynthetic disaccharide is neither metabolized nor absorbed in the normal small intestines. Comparable to plant-polysaccharides lactulose is bacterially fermented in the colon to short chain fatty acids and gases. Major consequences are a drop in pH and a change in composition and metabolic activity of the colonic flora. These and other, potential effects suggest complex mechanisms of action of lactulose, with the potential for additional indications in diagnosis and therapy. The use of lactulose as substrate for the H2-breath-test is well known as a means for the measurement of orocecal transit time and as test for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . An extension of the diagnostic potential is given by the assessment of the permeability in diffuse intestinal disease with combined disaccharide/monosaccharide test solutions, especially in Crohn's disease. Explanations for positive effects in the prophylaxis of cholesterol-gallstones, in the therapy of hypercholesterolemia and in the prevention of colorectal adenoma and carcinoma can be found in changes in lipid- and bile acid metabolism found after lactulose ingestion. Lactulose may lead to an improved glucose-tolerance in parallel to fibre and acarbose effects which involve several mechanisms of carbohydrate metabolism. Lactulose presumably reduces pathogenic bacteria in favor of the health promoting bifidusflora; also, production and absorption of endotoxins may be reduced; this suggests that lactulose may have therapeutic effects on both infectious and idiopathic inflammatory bowel diseases. Numerous studies with interesting but not as yet convincingly documented clinical relevance suggest that the many effects of lactulose may be interesting subjects for future research.

L11 ANSWER 122 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 97:693508 SCISEARCH
GA The Genuine Article (R) Number: XV961

TI Breath hydrogen testing in small animal practice
AU Bissett S A (Reprint); Guilford W G; Spohr A
CS MASSEY UNIV, DEPT VET CLIN SCI, PALMERSTON NORTH, NEW ZEALAND (Reprint); ROYAL VET & AGR UNIV, SMALL ANIM HOSP, COPENHAGEN, DENMARK
CYA NEW ZEALAND; DENMARK
SO COMPENDIUM ON CONTINUING EDUCATION FOR THE PRACTICING VETERINARIAN, (AUG 1997) Vol. 19, No. 8, pp. 916-&.
Publisher: VETERINARY LEARNING SYSTEMS, 425 PHILLIPS BLVD #100, TRENTON, NJ 08618.
ISSN: 0193-1903.
DT General Review; Journal
FS AGRI
LA English
REC Reference Count: 106
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Breath hydrogen testing has become a widely used clinical method for diagnosing carbohydrate malabsorption and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and for estimating orocolic transit time in human patients. The test is inexpensive, simple to perform, noninvasive, and well tolerated by patients. During the past decade, veterinarians have used breath hydrogen testing with promising results. The test provides semiquantitative information on the degree of malassimilation, which, in turn, assists interpretation of the clinical significance of intestinal biopsies. The technique complements more commonly used diagnostic procedures, such as endoscopic biopsy, because it assists the diagnosis of disorders of gastrointestinal transit and subcellular deficits overlooked by histologic examination of small intestinal biopsy specimens. How the test is performed (including a discussion of how expired air is collected, stored, and analyzed). the necessary equipment, the test substrates used, the indications for the test, how to interpret test results, and developing a specific reference range for the technique are discussed in this article.

L11 ANSWER 123 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1997:536956 BIOSIS
DN PREV199799836159
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in patients with liver cirrhosis.
AU Schwacha, H.; Bauer, T. M.; Brinkmann, F. E.; Ditzen, A. K.; Steinbrueckner, B.; Kist, M.; Blum, H. E.
CS Div. Gastroenterol., Dep. Internal Med., Univ. Hosp., Freiburg Germany
SO Hepatology, (1997) Vol. 26, No. 4 PART 2, pp. 599A.
Meeting Info.: 48th Annual Meeting of the American Association for the Study of Liver Diseases Chicago, Illinois, USA November 7-11, 1997
ISSN: 0270-9139.
DT Conference; Abstract
LA English

L11 ANSWER 124 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 51
AN 1997:342414 BIOSIS
DN PREV199799641617
TI Luminal bacteria and small-intestinal permeability.
AU Riordan, S. M.; McIver, C. J. (1); Thomas, D. H.; Duncombe, V. M.; Bolin, T. D.; Thomas, M. C.

CS (1) Dep. Microbiol., Prince of Wales Hosp., High and Avoca Sts., Randwick, NSW 2031 Australia
SO Scandinavian Journal of Gastroenterology, (1997) Vol. 32, No. 6, pp. 556-563.
ISSN: 0036-5521.
DT Article
LA English
AB Background: The influence of luminal bacteria on small-intestinal permeability has not been fully assessed. This study addressed this issue. Methods: Thirty-four subjects (mean age 64 years; range 22-95 years) were investigated for possible ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) with culture of a small-intestinal aspirate. A lactulose/mannitol small-intestinal permeability test was performed, small-intestinal histology assessed and serum vitamin B-12 concentrations measured in all subjects. Permeability was also assessed in a control group of 34 asymptomatic volunteers. Results: Urinary lactulose/mannitol ratios were significantly increased in subjects with ***SIBO*** with colonic-type flora (P lt 0.0005), even in the absence of villous atrophy. Urinary lactulose/mannitol ratios were increased in this group due to significantly increased urinary lactulose concentrations (P lt 0.0005) rather than reduced urinary mannitol levels, after correcting for inter-subject variations in renal function. Counts of intraepithelial lymphocytes of CD8 phenotype were significantly increased in this group (P = 0.003). Although a significant correlation was found between intraepithelial lymphocyte counts and small-intestinal permeability overall (P lt 0.002), these counts were not significantly different in subjects with ***SIBO*** with colonic-type flora whose permeability values were ltoreq or gt 0.028, the upper limit of normal in asymptomatic controls. Serum vitamin B-12 concentrations did not differ significantly between groups (P gt 0.5). Ageing did not independently influence small-intestinal permeability (P gt 0.5). Conclusions: Small-intestinal permeability is increased in subjects with ***SIBO*** with colonic-type bacteria. This effect is independent of ageing and not mediated by vitamin B-12 deficiency. Although counts of intraepithelial lymphocytes of CD8 phenotype are increased in this disorder, it is also unlikely that these cells play an important causative role in this process. Routine light microscopic assessment underestimates the prevalence of small-intestinal functional disturbance in this disorder.

L11 ANSWER 125 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 52
AN 1997:278570 BIOSIS
DN PREV199799577773
TI Occult ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome in the elderly.
AU Triantafyllou, G.; Tzathas, C.; Mantzatis, G. I.; Archavlis, E.; Amberiadis, P.; Kourtessas, D.; Chatzidakis, N.; Florakis, N.
CS Dep. A' Gastroenterol., "Evangelismos" Hosp., Athens Greece
SO Gastroenterology, (1997) Vol. 112, No. 4 SUPPL., pp. A412.
Meeting Info.: Digestive Disease Week and the 97th Annual Meeting of the American Gastroenterological Association Washington, D.C., USA May 11-14, 1997
ISSN: 0016-5085.
DT Conference; Abstract
LA English

L11 ANSWER 126 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 1998:107273 SCISEARCH
GA The Genuine Article (R) Number: YU040
TI Dietary management of chronic diarrhoea in dogs
AU Watson T D G (Reprint); Markwell P J
CS WALTHAM CTR PET NUTR, FREEBY LANE, MELTON MOWBRAY LE14 YRT, LEICS, ENGLAND (Reprint)
CYA ENGLAND
SO WIENER TIERARZTLICHE MONATSSCHRIFT, (MAR 1997) Vol. 84, No. 12, pp. 374-377.
Publisher: OSTAG-WERBUNG & VERLAG, WIEN, WICKENBURGGASSE 17-9, POSTFACH 16, A-1082 VIENNA, AUSTRIA.
ISSN: 0043-535X.
DT Article; Journal
FS AGRI
LA English
REC Reference Count: 5
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Dietary therapies can play a significant role in the management of chronic diarrhoea in dogs. Restriction of dietary fat intake is indicated for the majority of cases where the diarrhoea is of small intestinal origin, particularly exocrine pancreatic insufficiency, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , inflammatory bowel disease, and lymphangiectasia. Selection of specific protein sources is indicated for cases of dietary sensitivity and gluten should be avoided in Irish setters with gluten sensitive enteropathy. High dietary fibre intakes should be avoided in dogs with small intestinal diarrhoea. Dietary supplementation with vitamins B-12, folate, vitamins A und E, zinc and copper is indicated to overcome the effects of malabsorption and bacterial overgrowth. In contrast to small intestinal diarrhoea, dietary fibre plays an important role in the management of chronic diarrhoea of large intestinal origin, especially diarrhoea associated with Clostridium perfringens and chronic idiopathic (fibre-responsive) large bowel diarrhoea. Recently, selected protein source diets have been shown to be of benefit in the lymphocytic plasmacytic colitis, eliminating clinical signs and significantly reducing the requirement for anti-inflammatory therapies. This suggests that sensitisation to certain proteins may play a role in the aetiology of inflammatory bowel diseases.

L11 ANSWER 127 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 53
AN 1998040244 EMBASE
TI Total gastrectomy: The influence of preserved duodenal transit and of pouch reconstruction on abdominal symptoms, nutrient assimilation, and medico-social functioning.
AU Bragelmann R.; Armbrecht U.; Rosemeyer D.; Schneider B.; Zilly W.; Stockbrugger R.W.
CS Dr. R. Bragelmann, Academisch Ziekenhuis Maastricht, P. Debyelaan 25, NL-6202 AZ Maastricht, Netherlands
SO Italian Journal of Gastroenterology and Hepatology, (1997) 29/3 (228-236).
Refs: 41
ISSN: 1125-8055 CODEN: IJGAFI
CY Italy
DT Journal; Article
FS 016 Cancer

048 Gastroenterology
LA English
SL English
AB Background/Aims. The aim of this retrospective study was to establish whether patients with different reconstrution after total gastrectomy (duodenal bypass without pouch (subgroup Ia, n = 88); duodenal bypass with pouch (subgroup Ib, n = 27); continuous duodenal transit (subgroup II, n = 27)) differ concerning abdominal symptoms, nutrient assimilation, and medico-social functioning. Methods. The 142 patients (49 females, 93 males; mean age 57.2 years, (95% confidence interval 55 to 59)) after potentially curative total gastrectomy for gastric malignancy 500 days earlier (mean: 95% confidence interval 334 to 666) were evaluated for abdominal symptoms, biochemical and haematological parameters, endoscopic findings, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , oro-caecal transit time, objective signs of malassimilation, and the degree of medico-social functioning. Results. There were no significant differences between the subgroups in any of the parameters examined. Conclusion. In this study, neither subjective nor objective patient data support preference for any single mode of the examined reconstructions after total gastrectomy. However small patient numbers, unstandardised reconstruction procedures and a recruitment bias might influence these findings.

L11 ANSWER 128 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 97:549819 SCISEARCH
GA The Genuine Article (R) Number: XK761
TI Exudative gastroenteropathy or protein - Losing gastroenteropathy in dogs
AU Lecoindre P (Reprint); Chevalier M; Brevet F
CS ALGEC, 50 RUE JEANNE DARC, F-69003 LYON, FRANCE (Reprint); INST PASTEUR, F-69007 LYON, FRANCE; CLIN VET CERISIOZ, F-69800 ST PRIEST, FRANCE
CYA FRANCE
SO PRATIQUE MEDICALE ET CHIRURGICALE DE L ANIMAL DE COMPAGNIE, (MAY-JUN 1997) Vol. 32, No. 3, pp. 215-221.
Publisher: CNVSPA-CONF NATL VETERINAIRES SPECIALISES PETITS ANIMAUX, 40 RUE DE BERRI, 75008 PARIS, FRANCE.
ISSN: 0758-1882.
DT Article; Journal
LA French
REC Reference Count: 28
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Exudative enteropathy or protein - losing gastroenteropathy is to be suspected when panhypoproteinemia is observed, with or without oedemas or effusion, which a renal or hepatic etiology cannot explain. There is a wide variety of possible etiological explanations for exudative gastroenteropathy. The most frequent cause in dogs is lymphatic leakage (congenital or acquired lymphangiectasia) and less often the cause may be vascular or interstitial (CIBD (Chronic inflammatory bowel disease), ***SIBO*** (***Small*** ***intestinal*** ***bacterial*** ***overgrowth***) food - induced enteropathy and ulcerative enterocolitis). Within the context of exudative enteropathy, or more winery speaking exudative gastroenteropathy, since the stomach may be involved in the exudative process, a definitive diagnosis is most often established by endoscopic examination and biopsies of the mucosa in the digestive tr act. The treatment, which is a combination of dietary management and medication, depends upon the gastric or intestinal disorder

responsible for the protein loss. Medium - chain triglycerides are used especially in cases of protein loss with a lymphatic origin.

L11 ANSWER 129 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 97:672591 SCISEARCH
GA The Genuine Article (R) Number: XU341
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in the dog
AU Bavegems V
SO VLAAMS DIERGENEESKUNDIG TIJDSCHRIFT, (JUL-AUG 1997) Vol. 66, No. 4, pp. 185-186.
Publisher: UNIV GHENT, FACULTY VETERINARY MEDICINE, B-9000 GHENT, BELGIUM.
ISSN: 0303-9021.
DT Letter; Journal
FS AGRI
LA Dutch
REC Reference Count: 5

L11 ANSWER 130 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1997:330267 BIOSIS
DN PREV199799629470
TI The prevalence of liver damage in human ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Riordan, S. M. (1); McIver, C. J.; Williams, Roger (1)
CS (1) Inst. Hepatology, Univ. Coll. London, London UK
SO Journal of Hepatology, (1997) Vol. 26, No. SUPPL. 1, pp. 177.
Meeting Info.: 32nd Annual Meeting of the European Association for the Study of Liver London, England, UK April 9-12, 1997
ISSN: 0168-8278.
DT Conference; Abstract
LA English

L11 ANSWER 131 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 54
AN 1997:447232 BIOSIS
DN PREV199799746435
TI A blood test for intestinal permeability and function: A new tool for the diagnosis of chronic intestinal disease in dogs.
AU Sorensen, Susanne H. (1); Proud, F. Janice; Rutgers, H. Carolien; Markwell, Peter; Adam, Alex; Batt, Roger M.
CS (1) Dep. Small Anim. Med. and Surg., Royal Vet. Coll., Univ. London, Hawkshead Lane, North Mymms, Hertfordshire AL9 7TA UK
SO Clinica Chimica Acta, (1997) Vol. 264, No. 1, pp. 103-115.
ISSN: 0009-8981.
DT Article
LA English
AB We demonstrate that rhamnose, 3-O-methyl-D-glucose, D-xylose and lactulose may be quantified accurately in blood by HPLC and pulsed amperometric detection, thus enabling studies of intestinal permeability and function to be carried out using plasma samples. Prior to HPLC, the endogenous glucose was enzymatically modified to gluconic acid and the protein precipitated. The precision of the quantification of the sugars in plasma (C.V.: 2.2-5.7%; 8.7-10.6% at very low concentrations) compared well with the quantification in urine. The results for groups of 8 dogs with ***small*** ***intestinal*** ***bacterial*** ***overgrowth***

and 12 dogs with inflammatory bowel disease were shown to be significantly different from a group of 20 normal control dogs (P lt 0.001), demonstrating the test's value as a diagnostic tool. The normal ranges in blood 2 h post oral administration were determined to be 0.05-0.17 for the lactulose/rhamnose ratio and 0.45-0.65 for the xylose/3-O-methylglucose ratio. This method may be employed advantageously when the collection of urine in intestinal permeability and function tests is difficult.

L11 ANSWER 132 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 55
AN 1997:74246 BIOSIS
DN PREV199799380949
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth in the symptomatic elderly.
AU Riordan, Stephen M.; McIver, Christopher J. (1); Wakefield, Denis; Bolin, Terry D.; Duncombe, Vic M.; Thomas, Mervyn C.
CS (1) Dep. Microbiol., Prince Wales Hosp., High and Avoca St., Randwick, 2031 NSW Australia
SO American Journal of Gastroenterology, (1997) Vol. 92, No. 1, pp. 47-51. ISSN: 0002-9270.
DT Article
LA English
AB Objectives: 1) To determine the prevalence of small intestinal overgrowth with colonic-type bacteria in symptomatic elderly subjects, particularly those without important "clues" such as clinically apparent predisposition or vitamin B-12 deficiency, and 2) to investigate defense mechanisms such as gastric acidity, small intestinal motility, and luminal IgA in this setting. Methods: Fifty-two symptomatic subjects without vitamin B-12 deficiency or clinically apparent predisposition to bacterial overgrowth or disturbed mucosal immunity, including 22 subjects gtoreq 75 yr old, underwent culture of small intestinal luminal secretions. Indicator paper was used to measure fasting gastric pH. The presence of bacteria of confirmed nonsalivary origin in small intestinal secretions served as an index of small intestinal dysmotility. Small intestinal luminal IgA concentrations were measured by radial immunodiffusion. Results: Small intestinal overgrowth with colonic-type flora was not present in any subject investigated for dyspepsia, irrespective of age. In subjects with chronic diarrhea, anorexia, or nausea, overgrowth with colonic-type flora (Enterobacteriaceae) was present in 0/12 (0%), 1/10 not concurrently recovered from saliva of any subject gtoreq 75 yr old with small intestinal overgrowth with these bacteria. Fasting hypochlorhydria was present in only 1/9 (11.1%) such subjects. Luminal IgA concentrations were significantly greater in subjects gtoreq 75 yr old with bacterial overgrowth than in culture-negative subjects (p ltoreq 0.003). Conclusions: Small intestinal overgrowth with colonic-type bacteria should be considered in subjects gtoreq 75 yr old with chronic diarrhea, anorexia, or nausea, even in the absence of clues such as clinically apparent predisposition or vitamin B-12 deficiency. Small intestinal dysmotility, rather than fasting hypochlorhydria or mucosal immunosenescence, probably is responsible for the prevalence of bacterial overgrowth in this group.

L11 ANSWER 133 OF 286 CABA COPYRIGHT 2003 CABI
AN 97:72555 CABA
DN 970605313

TI Timber consumption and utilization in the rural areas of The Gambia: a minor field study
AU Grunden, N.; Savic, A.
SO Working Paper - International Rural Development Centre, Swedish University of Agricultural Sciences, (1996) No. 320, pp. 50. 16 ref.
Publisher: International Rural Development Centre, Swedish University of Agricultural Sciences. Uppsala
ISSN: 1100-8679
CY Sweden
DT Miscellaneous
LA English
AB Results are reported from a study carried out in March-May 1996 to examine alternative and sustainable ways of timber processing and marketing, in order to secure regular sources of income at the village level, and to strengthen the community forestry concept. Households mainly used keno (Pterocarpus erinaceus) and jalo (Khaya senegalensis) - for furniture and construction, duto (Cordyla africana) - for household articles, and ***sibo*** (Borassus aethiopum) and bukungo (Bombax buonopozence). Species processed in local resawing units were gmelina (Gmelina arborea) and jalo. Recommendations are made for alternative species (such as Clorophora regia [Maclura regia] and Erythrophleum guineense [Erythrophleum suaveolens]), and for timber processing and transport.

L11 ANSWER 134 OF 286 CABA COPYRIGHT 2003 CABI
AN 97:42150 CABA
DN 972202948
TI Malabsorption, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , and protein-losing enteropathy
AU Williams, D. A.
SO Strombeck's small animal gastroenterology, by W. G. Guilford et al, (1996) No. Ed. 3, pp. 367-380. 129 ref.
Publisher: W. B. Saunders Co. Philadelphia, Pennsylvania
ISBN: 0-7216-3760-4
CY United States
DT Book; Book Article
LA English

L11 ANSWER 135 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 56
AN 1997:16101 BIOSIS
DN PREV199799315304
TI Bacteriological method for detecting small intestinal hypomotility.
AU Riordan, Stephen M.; McIver, Christopher J. (1); Walker, Brenda M.; Duncombe, Vic M.; Bolin, Terry D.; Thomas, Mervyn C.
CS (1) Dep. Microbiol., Prince Wales Hospital, High and Avoca Sts., Randwick 2031, NSW Australia
SO American Journal of Gastroenterology, (1996) Vol. 91, No. 11, pp. 2399-2405.
ISSN: 0002-9270.
DT Article
LA English
AB objective: Small intestinal hypomotility is an important cause of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , yet assessment of small intestinal motility in this setting is problematic. This study was performed to investigate the validity of a

bacteriological method for detecting small intestinal hypomotility. Methods: Twenty-five subjects without previous gastric surgery were studied with (i) concurrent bacteriological analyses of fasting saliva and gastric and proximal small intestinal aspirates, (ii) measurement of gastric pH, and (iii) scintigraphic assessment of small intestinal transit rates of a liquid test meal. The reproducibility of bacteriological analyses of saliva and small intestinal secretions was determined in 12 subjects. Results: Serial bacteriological analyses of saliva and proximal small intestinal secretions yielded reproducible results over time periods of up to 1 month. Eleven subjects were deemed to harbor Enterobacteriaceae of nonsalivary origin in proximal small intestinal secretions. Orocaecal transit, but not gastric emptying, of a liquid test meal was significantly delayed in this group ($p = 0.002$ and $p = 0.84$, respectively), suggesting the presence of small intestinal hypomotility. Impaired gastric acidity unlikely confounded assessment of the origin of small intestinal Enterobacteriaceae in any instance. Conclusions: The presence of Enterobacteriaceae of nonsalivary origin in proximal small intestinal secretions may be taken to reflect the presence of small intestinal hypomotility. The presence of impaired gastric acidity does not confound this approach. Because small intestinal intubation and culture of aspirate are required anyway to accurately diagnose ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , the simple addition of concurrent bacteriological analysis of saliva may allow small intestinal hypomotility to be detected at the same time as the presence or absence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** itself is established, thus streamlining the investigation of subjects for this disorder and its possible causes.

L11 ANSWER 136 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 57
AN 1996:482079 BIOSIS
DN PREV199699197335
TI The lactulose breath hydrogen test and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Riordan, Stephen M.; McIver, Christopher J. (1); Walker, Brenda M.; Duncombe, V. M.; Bolin, Terry D.; Thomas, Mervyn C.
CS (1) Dep. Microbiol., Prince of Wales Hosp., High and Avoca Sts., Randwick 2031, NSW Australia
SO American Journal of Gastroenterology, (1996) Vol. 91, No. 9, pp. 1795-1803.
ISSN: 0002-9270.
DT Article
LA English
AB Objectives: To i) document the sensitivity and specificity of a combined scintigraphic/lactulose breath hydrogen test for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and ii) investigate the validity of currently accepted definitions of an abnormal lactulose breath hydrogen test based on "double peaks" in breath hydrogen concentrations. Methods: Twenty-eight subjects were investigated with culture of proximal small intestinal aspirate and a 10-g lactulose breath hydrogen test combined with scintigraphy. Gastroduodenal pH, the presence or absence of gastric bacterial overgrowth, and the in vitro capability of overgrowth flora to ferment lactulose were determined. Results: Sensitivity (16.7%) and specificity (70.0%) of the lactulose breath hydrogen test alone for ***small*** ***intestinal***

bacterial ***overgrowth*** were poor. Combination with scintigraphy resulted in 100% specificity, because double peaks in serial breath hydrogen concentrations may occur as a result of lactulose fermentation by cecal bacteria. Sensitivity increased to 38.9% with scintigraphy, because a single rise in breath hydrogen concentrations, commencing before the test meal reaches the cecum, may occur in this disorder. Sensitivity remained suboptimal irrespective of the definition of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** used, the nature of the overgrowth flora, favorable luminal pH, the presence of concurrent gastric bacterial overgrowth, or the in vitro ability of the overgrowth flora to ferment lactulose. Conclusions: Definitions of an abnormal lactulose breath hydrogen test based on the occurrence of double peaks in breath hydrogen concentrations are inappropriate. Not even the addition of scintigraphy renders this test a clinically useful alternative to culture of aspirate for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth***

.

L11 ANSWER 137 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 58
AN 1997:16051 BIOSIS
DN PREV199799315254
TI Luminal immunity in ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** and old age.
AU Riordan, S. M.; McIver, C. J. (1); Wakefield, D.; Duncombe, V. M.; Bolin, T. D.; Thomas, M. C.
CS (1) Dep. Microbiol., Prince Wales Hosp., High and Avoca Sts., Randwicks 2031, NSW Australia
SO Scandinavian Journal of Gastroenterology, (1996) Vol. 31, No. 11, pp. 1103-1109.
ISSN: 0036-5521.
DT Article
LA English
AB Background: The independent influences of ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** and old age on mucosal immunoglobulin production and secretion have not been assessed. This is an important issue, since luminal IgA deficiency may exacerbate ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** , the prevalence of which is high in selected elderly populations. Methods: Proximal small-intestinal aspirates were obtained from 33 subjects for bacteriologic analysis and measurement of total IgA, IgM, total IgG, IgG subclass, and IgD concentrations. IgA subclasses were measured in 24 unselected subjects. Serum immunoglobulin and salivary IgA concentrations were measured in all subjects. Results: IgA2 and IgG3 were predominant IgA and IgG subclasses in proximal small-intestinal luminal secretions. Luminal concentrations of IgA2 and IgM, but not IgG3 or any other IgG subclass, were significantly increased in ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** , which was present in 19 of 33 (57.6%) subjects. Old age did not influence these levels. Luminal immunoglobulin concentrations did not correlate significantly with either serum or salivary values. IgD was not measureable in proximal small-intestinal secretions. Conclusions: Increased luminal concentrations of the secretory immunoglobulins, IgA2 and IgM, occur in ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** . Local investigation is mandatory when assessing the

mucosal immunopathology of this disorder. Luminal IgG3 is unlikely to be predominantly derived from serum. Old age does not independently influence luminal immunity.

L11 ANSWER 138 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 59
AN 1997:16050 BIOSIS
DN PREV199799315253
TI The expression of complement protein 4 and IgG3 in luminal secretions.
AU Riordan, S. M.; McIver, C. J. (1); Thomas, M. C.; Wakefield, D.; Andreopoulos, P. C.; Duncombe, V. M.; Bolin, T. D.
CS (1) Dep. Microbiol., Prince Wales Hosp., High and Avoca Sts., Randwick 2031, NSW Australia
SO Scandinavian Journal of Gastroenterology, (1996) Vol. 31, No. 11, pp. 1098-1102.
ISSN: 0036-5521.
DT Article
LA English
AB Background: Factors regulating proximal small-intestinal luminal concentrations of IgG3, the predominant IgG subclass at this site, are unclear. This study determined whether luminal IgG3 concentrations are related to those of complement protein 4 (C4), an acute-phase reactant predominantly derived from local mucosa. Methods: Proximal small-intestinal luminal and peripheral blood IgG subclass and C4 concentrations were measured by radial immunodiffusion in 30 adult subjects without predisposition to disturbed mucosal immunity. Mucosal C4 immunoreactivity and the presence or absence of ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** were determined in all subjects. Caecal luminal concentrations of IgG3 and C4 were measured in a separate cohort of eight asymptomatic subjects. Results: Proximal small-intestinal luminal C4 and IgG subclass concentrations were not significantly influenced by the presence Or absence of ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** (P gt 0.2). Nor did plasma C4 levels significantly influence C4 concentrations in small-intestinal luminal secretions (P gt 0.2). Mucosal immunoreactivity for C4 was present in every subject. A significant correlation was found between C4 and IgG3 concentrations in proximal small-intestinal luminal secretions (P lt 0.0005) and also in caecal secretions (P lt 0.05) but not in peripheral blood (P gt 0.1). Conclusions: Common factors, not including the presence or absence of ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** , regulate luminal concentrations of C4 and IgG3. Local investigation is mandatory when assessing mucosal immune mechanisms.

L11 ANSWER 139 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 60
AN 1996:535467 BIOSIS
DN PREV199699257823
TI Mucosal cytokine production in ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Riordan, S. M.; McIver, C. J. (1); Wakefield, D.; Duncombe, V. M.; Bolin, T. D.; Thomas, M. C.
CS (1) Dep. Microbiol., Prince of Wales Hosp., High and Avoca St., Randwick 2031, NSW Australia
SO Scandinavian Journal of Gastroenterology, (1996) Vol. 31, No. 10, pp.

977-984.
ISSN: 0036-5521.
DT Article
LA English
AB Background: Mucosal production of interferon-gamma, interleukin-6, and tumour necrosis factor-alpha is increased in inflammatory bowel disease and parallels disease activity. Interferon-gamma production is also increased in coeliac disease. Conversely, local cytokine profiles have not been investigated in ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . This study addressed this issue. Methods: Eighteen adult subjects were studied with culture of proximal small-intestinal luminal secretions and measurement of luminal interferon-gamma, interleukin-6, and turnout necrosis factor-alpha concentrations by enzyme-linked immunosorbent assay. Small-intestinal histology was assessed by light microscopy. Results: Interferon gamma, interleukin-6, and turnout necrosis factor-alpha were measurable in proximal small-intestinal luminal secretions of all subjects, even in the absence of light microscopic evidence of enteropathy. ***Small*** - ***intestinal*** ***bacterial*** ***overgrowth*** was present in 12 of 18 (66.7%) subjects. Luminal concentrations of neither interferon-gamma nor tumour necrosis factor-alpha differed significantly in subjects with and without ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** (P = 0.06 and P = 1.0, respectively). Conversely, luminal interleukin-6 concentrations were significantly increased in subjects with this disorder (P = 0.02). Multivariate linear regression analysis suggested that colonic-type rather than salivary-type flora mediated this increased interleukin-6 response (P = 0.02 and P = 0.64, respectively). No correlation was found between luminal interleukin-6 and turnout necrosis factor-alpha concentrations, even after the confounding influence of colonic-type bacteria was excluded (P = 0.60). Conclusions: These findings suggest that increased mucosal production of interleukin-6 occurs in ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** , particularly when the overgrowth flora includes colonic-type bacteria. Conversely, luminal levels of neither interferon-gamma nor tumour necrosis factor-alpha are increased in this circumstance, distinguishing the local cytokine profile in this disorder from those that occur in coeliac disease and inflammatory bowel disease.

L11 ANSWER 140 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 61
AN 1996:510399 BIOSIS
DN PREV199699232755
TI Interdigestive and postprandial motility in ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Stotzer, P.-O. (1); Bjornsson, E. S.; Abrahamsson, H.
CS (1) Dep. Internal Med., Sahlgrenska Univ. Hosp., S-413 45 Goteborg Sweden
SO Scandinavian Journal of Gastroenterology, (1996) Vol. 31, No. 9, pp. 875-880.
ISSN: 0036-5521.
DT Article
LA English
AB Background: Motility disorders are believed to be of major pathogenetic importance in ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***). The aim of this study was to

investigate interdigestive and postprandial motility in a group of patients with ***SIBO*** and to compare the results with those of healthy volunteers. Methods: Twenty healthy subjects and 14 patients with ***SIBO*** were included. Exclusion criteria were obvious predisposing conditions. Antroduodenojejunal pressure recording was performed after an overnight fast. After a 5-h interdigestive recording a standard meal was given, and postprandial recording performed for 30 min. Results: Significantly fewer patients than healthy subjects had phase-III activity in the antrum (3 of 14 versus 15 of 20; P lt 0.01), and more patients lacked phase III completely (5 of 14 versus 0 of 20; P lt 0.05). Propagated single contractions in the proximal duodenum during late phase 11 and postprandially were also significantly reduced (1 (0-5) versus 8 (5-12) per 30 min (median; interquartile range (IQR)) (P lt 0.01) and 0.5 (IQR, 0-6.5) versus 8 (IQR, 6-13) per 30 min (P lt 0.01), respectively). In the distal part of the duodenum the patients had significantly prolonged duration of phase III (7.8; IQR, 5.6-9.2 versus 5.9; IQR, 4.2-6.6 min) (P lt 0.05) and increased motility index of phase III (6685; IQR, 4870-9999 versus 3605; IQR, 2579-5544 mm Hg x min/30 min) (P lt 0.05), late phase II (10,285; IQR, 6105-11,384 versus 6650; IQR, 4639-9102) (P lt 0.05), and postprandially (12,960; IQR, 8454-18,644 versus 7917; IQR, 6132-10,551) (P lt 0.05). Retrograde contractions predominated in the late part of phase III in the proximal duodenum in both groups. The cycle length of the MMC and the number of clustered contractions showed no difference between the two groups. Conclusions: A significant proportion of patients with ***SIBO*** , compared with healthy subjects, lack interdigestive phase III activity, not only in the small intestine but also in the gastric antrum. They also have fewer propagated contractions in the proximal duodenum during interdigestive phase II. On the other hand, the motility index in the distal part of the duodenum was higher in patients with ***SIBO*** during phase III, late phase II, and postprandially. The results are compatible with a reduced clearing function in the stomach and proximal duodenum and/or a compensatory increase of motility in the region of the duodenojejunal flexure.

L11 ANSWER 141 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 62
AN 1997:158598 BIOSIS
DN PREV199799457801
TI Probiotic treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** by Lactobacillus fermentum KLD.
AU Stotzer, Per-Ove (1); Blomberg, Lena; Conway, Patricia L.; Henriksson, Anders; Abrahamsson, Hasse
CS (1) Dep. Intern. Med., Sahlgrenska Univ. Hosp., S-413 45 Goteborg Sweden
SO Scandinavian Journal of Infectious Diseases, (1996) Vol. 28, No. 6, pp. 615-619.
ISSN: 0036-5548.
DT Article
LA English
AB The principle of using harmless bacteria for conquering pathogens has been used for many years. It has been used prophylactically against travellers' diarrhoea and for protection of recurrent pseudomembranous colitis. The aim of this study was to treat a chronic infectious condition, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , by oral administration of a certain strain of Lactobacillus. 17 patients

with long-standing bacterial overgrowth of the small intestine were included. The study was designed as a double-blind cross-over, where the patients were their own controls. The study was divided into 4 parts. (A) For the first 2 weeks placebo was given b.i.d. (B) For the next 4 weeks patients received either placebo or 10-10 Lactobacillus fermentum KLD b.i.d. (C) A wash-out period of 4 weeks followed. (D) Finally, for the second 4 week treatment period patients were crossed over to receive either lactobacilli or placebo. A hydrogen breath test with 50 g glucose was performed at the start and at the end of each period. Symptom scores were recorded on the last week of each period. The study was completed by 14 patients. Lactobacillus treatment showed no significant difference compared to placebo with respect to the results of the hydrogen breath test: 29 (3-95) vs 14 (3-129) ppm, (median and 10th and 90th percentiles), stool frequency: 14 (8-40) vs 12 (7-31) defecations/week, or symptom score: 12 (5-46) vs 17 (6-42) scores/week). High numbers of L. fermentum KLD in faecal samples were only seen in 2 patients. In conclusion, dosage with L. fermentum KLD in this study did not significantly alter the parameters investigated.

L11 ANSWER 142 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 63
AN 97030786 EMBASE
DN 1997030786
TI Gastrointestinal features of scleroderma.
AU Sjogren R.W.
CS Dr. R.W. Sjogren, Gastroenterology Section, Kaiser Permanente Medical Center, 201 North Washington Street, Falls Church, VA 22046, United States
SO Current Opinion in Rheumatology, (1996) 8/6 (569-575).
Refs: 57
ISSN: 1040-8711 CODEN: CORHES
CY United States
DT Journal; General Review
FS 031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LA English
SL English
AB Gastrointestinal involvement occurs in most patients with systemic sclerosis and is subclinical in about one third. Early pathology is characterized by vasculopathy, resulting in tissue ischemia and progressive dysfunction. Noninvasive esophageal studies using semisolid bolus scintigraphy are sensitive but lack specificity. Long-term treatment of reflux with high-dose proton pump inhibitors appears safe and effective for symptom relief and may prevent recurrence of esophagitis and stricture. Dyspepsia may result from gastroparesis and antral distension. Gastric antral vascular ectasia is a vascular manifestation, and bleeding may be controlled endoscopically. Prokinetic agents effective in pseudoobstruction include metoclopramide, domperidone, cisapride, octreotide, and erythromycin. Patients with intestinal neuropathy or response to bolus octreotide are more probable long-term responders. The combination of octreotide and erythromycin may be particularly effective in systemic sclerosis. The combination of cisapride and erythromycin may cause serious cardiac arrhythmia and is contraindicated. Omeprazole may predispose to ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Malabsorption not responding to antibiotic therapy

should be investigated with small-bowel biopsy to rule out more unusual causes. Pneumatosis cystoides intestinalis may be due to excessive hydrogen production by intestinal bacteria altering the partial pressure of nitrogen in the intestinal wall. In selected cases, surgery for intestinal failure is an option with resection or bypass of affected segments or placement of enterostomy tubes for feeding or decompression. Careful preoperative characterization of intestinal segments is required.

L11 ANSWER 143 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 64
AN 1996:562303 BIOSIS
DN PREV199799291659
TI Intestinal permeability and function in dogs with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Rutgers, H. C.; Batt, R. M.; Proud, F. J.; Sorensen, S. H.; Elwood, C. M.; Petrie, G. G.; Matthewman, L. A.; Forster-Van Hijfte, M. A.; Boswood, A.; Entwistle, M.; Fensome, R. H.
CS Dep. Small Animal Med. and Surgery, Royal Veterinary Coll., Hawshead Lane, North Mymms, Hertfordshire AL9 7TA UK
SO Journal of Small Animal Practice, (1996) Vol. 37, No. 9, pp. 428-434. ISSN: 0022-4510.
DT Article
LA English
AB ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) has been reported to occur commonly in dogs with signs of chronic intestinal disease. There are usually few intestinal histological changes, and it is uncertain to what extent bacteria cause mucosal damage. The aim of this study was to apply a differential sugar absorption test for intestinal permeability and function to the objective assessment of intestinal damage in dogs with ***SIBO*** . Studies were performed on 63 dogs with signs of chronic small and, or, large bowel disease, in which ***SIBO*** (greater than 10-5 total or greater than 10-14 anaerobic colony forming units/ml) was diagnosed by quantitative culture of duodenal juice obtained endoscopically. None of the dogs had evidence of intestinal pathogens, parasites, systemic disease or pancreatic insufficiency. Differential sugar absorption was performed by determining the ratios of urinary recoveries of lactulose/rhamnose (L/R ratio, which reflects permeability) and D-xylose/3-O-methylglucose (X/G ratio, which reflects intestinal absorptive function) following oral administration. Dogs with ***SIBO*** comprised 28 different breeds, including 18 German shepherd dogs. ***SIBO*** was aerobic in 18/63 dogs (29 per cent), and anaerobic in 45/63 (71 per cent). Histological examination of duodenal biopsies showed no abnormalities in 75 per cent, and mild to moderate lymphocytic infiltrates in 25 per cent of the dogs. The L/R ratio was increased (greater than 0.12) in 52 per cent, and the X/G ratio reduced (less than 0.60) in 33 per cent of the dogs. Differential sugar absorption was repeated in 11 dogs after their four weeks of oral antibiotic therapy. The L/R ratio declined in all 11 dogs (mean +- SD pre: 0.24 +- 0.14; post: 0.16 +- 0.11; P lt 0.05), but changes in the X/G ratio were more variable. These findings show that ***SIBO*** is commonly associated with mucosal damage, not detected on histological examination of intestinal biopsies, and that changes in intestinal permeability following oral antibiotics may be used to monitor response to treatment.

L11 ANSWER 144 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1996:298105 BIOSIS
DN PREV199699020461
TI Efficacy of two antibiotics and a probiotic in the treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***

AU Attar, A. (1); Bouhnik, Y. (1); Flourie, B. (1); Franchisseur, C. (1); Crenn, P. (1); Briet, F. (1); Ruszniewski, P.; Rambaud, J. C. (1)
CS (1) Dep. Gastroenterol., Saint-Lazare Hosp., Paris France
SO Gastroenterology, (1996) Vol. 110, No. 4 SUPPL., pp. A310.
Meeting Info.: 96th Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week San Francisco, California, USA May 19-22, 1996
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 145 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 96:333252 SCISEARCH
GA The Genuine Article (R) Number: UF737
TI EFFICACY OF 2 ANTIBIOTICS AND A PROBIOTIC IN THE TREATMENT OF ***SMALL*** - ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH***
AU ATTAR A (Reprint); BOUHNIK Y; FLOURIE B; FRANCHISSEUR C; CREEN P; BRIET F; RUSZNIEWSKI P; RAMBAUD J C
CS HOP ST LAZARE, DEPT GASTROENTEROL, PARIS, FRANCE; BEAUJON HOSP, CLICHY, FRANCE
CYA FRANCE
SO GASTROENTEROLOGY, (APR 1996) Vol. 110, No. 4, Supp. S, pp. A310.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L11 ANSWER 146 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 1996:682474 CAPLUS
DN 126:10709
TI New trends in the development of small laboratory furnaces
AU Kricka, Michal
CS Clasic, Revnice, Czech Rep.
SO Sklar a Keramik (1996), 46(8-9), 204-206
CODEN: SKKEAQ; ISSN: 0037-637X
PB SVUS, a.s.
DT Journal; General Review
LA Czech
AB A review, with no refs., of trends in small lab. furnaces construction. Practical experiences and many applications inside and outside of our country, the international exposition ***SIBO*** '95 award "Gold crystal" for the construction and elec. furnaces control systems foreshadow new trends in the development of these devices.

L11 ANSWER 147 OF 286 CABA COPYRIGHT 2003 CABI
AN 1998:35847 CABA
DN 981402788
TI What's new in nutritional management of GI disease?

AU Guilford, W. G.; Reinhart, G. A.
SO Publication - Veterinary Continuing Education, Massey University, (1996) No. 169, pp. 195-199.
Meeting Info.: Proceedings of the Small Animal Sessions of the Second Pan Pacific Veterinary Conference, held in Christchurch, New Zealand, 23-28 June 1996.
ISSN: 0112-9643
DT Conference Article; Journal
LA English
AB An account is given of the use of nutritional therapy in the treatment and management of gastrointestinal disease in cats and dogs, as an alternative to pharmacological treatment. Nutrients such as protein, glutamine, complex carbohydrates, lactose, medium-chained triglyerides, omega -3 polyunsaturated fatty acids and fibre are among those dietary components which have a marked influence on gastrointestinal tract function and dysfunction. Diets are discussed for the treatment of acute gastroenteritis, gastric diseases, acute and chronic small bowel diarrhoea, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , protein-losing enteropathies, inflammatory bowel disease, large bowel disease, and for borborygmus and flatulence.

L11 ANSWER 148 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 97222466 EMBASE
DN 1997222466
TI A critical appraisal of diagnostic tests for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Riordan S.M.
CS Dr. S.M. Riordan, Institute of Hepatology, Uni. College London Medical School, 69-75 Chenies Mews, London WC1E 6HX, United Kingdom
SO Gastroenterology International, (1996) 9/4 (110-118).
Refs: 91
ISSN: 0950-5911 CODEN: GASIEG
CY Italy
DT Journal; General Review
FS 004 Microbiology
048 Gastroenterology
LA English
SL English
AB A number of diagnostic tests for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** are currently in use, ranging from bacteriological analysis of luminal secretions to various tests which aim to detect products of bacterial metabolism in these secretions, expired breath, plasma or urine. However, there is some controversy over the efficacy of many of these tests. This paper reviews current knowledge concerning the clinical reliability of these various diagnostic modalities for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L11 ANSWER 149 OF 286 CABA COPYRIGHT 2003 CABI
AN 97:119766 CABA
DN 972212688
TI New approaches to intestinal disease
AU Batt, R. M.; Johnston, D. [EDITOR]; Waner, T. [EDITOR]
CS Department of Small Animal Medicine and Surgery, Royal Veterinary College, University of London, N.Mymms, Hertfordshire AL9 7TA, UK.

SO Proceedings and abstracts 21st Congress of the World Small Animal Veterinary Association - WSAVA, Jerusalem, Israel, October 20-23, 1996, (1996) pp. 77-78. 6 ref.
Meeting Info.: Proceedings and abstracts 21st Congress of the World Small Animal Veterinary Association - WSAVA, Jerusalem, Israel, October 20-23, 1996.
DT Conference Article
LA English

L11 ANSWER 150 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 65
AN 1996:107666 BIOSIS
DN PREV199698679801
TI Are hydrogen breath tests valid in the elderly.
AU MacMahon, M.; Gibbons, N.; Mullins, E.; O'Moore, R. R.; Keane, C. T.; Walsh, J. B.; Coakley, D.
CS Dep. Geriatric Med., Bristol Royal Infirmary, Marlborough St., Bristol BS2 8HW UK
SO Gerontology, (1996) Vol. 42, No. 1, pp. 40-45.
ISSN: 0304-324X.
DT Article
LA English
AB Hydrogen breath testing (HBT) is frequently used as an alternative to small bowel aspiration in the diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***). The role of the glucose HBT was assessed in 30 elderly patients. A positive HBT was recorded in 15 of 20 ***SIBO*** cases and 7 of 10 culture negatives (sensitivity 75% and specificity 30%). The correlation coefficients between hydrogen gas (H-2) rise and total bacterial count (r = 0.2 1) and H-2 rise and anaerobic count (r = 0) were not significant. Fasting H-2 levels were raised in only 4 of the 20 ***SIBO*** cases. This study indicates that the HBT is not reliable in the diagnosis of ***SIBO*** in the elderly. There was no evidence from the data that different H-2 levels or bacterial counts would significantly alter the reliability of the HBT. This work suggests that factors other than small bowel bacteria are involved in the production and expiration of H-2 in the elderly, and that these factors need to be considered in the interpretation of this breath test.

L11 ANSWER 151 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 1996:481852 CAPLUS
DN 125:159996
TI G.gamma./A.gamma., A.gamma.I/A.gamma.T Ratios of fetal hemoglobin of Mongol and ***Sibo*** ethnic newborns in Xinjiang and gene mapping of seven cases with abnormal ratio
AU Qian, Du; Guang, Wei; Zhuang, Yi; Ma, Meisun; Chen, Songsen; Chen, Weidong; Liang, Zhiquan; Zhou, Jing
CS Dep. Biol., Xinjiang Med. Coll., Urumuqi, 830054, Peop. Rep. China
SO Yichuan (1996), 18(2), 39-42
CODEN: ICHUDW; ISSN: 0253-9772
PB Kexue
DT Journal
LA Chinese
AB G.gamma./A.gamma., A.gamma.I/A.gamma.T Ratios of fetal Hb (HbF) in 138 cases of newborns of Mongol (n = 78) and ***Sibo*** (n = 60) ethnic

groups in Urumuqi, Xinjiang were detd. by HPLC. The means of %G.gamma. of Mongol and ***Sibo*** ethnic groups were 73.99% and 74.59% resp. 12 A.gamma.T Cases of heterozygotes in Mongol, 6 in ***Sibo*** and 4 cases of A.gamma.T homozygotes in Mongol were found. The frequencies of A.gamma.T gene were 0.128 in Mongol and 0.05 in ***Sibo*** resp. The means of A.gamma.T of Mongol and ***Sibo*** ethnic groups were 56.04% and 64.55% resp.

L11 ANSWER 152 OF 286 CABA COPYRIGHT 2003 CABI
AN 96:15450 CABA
DN 952010579
TI Infections of the gastrointestinal tract
AU Blaser, M. J. [EDITOR]; Smith, P. D. [EDITOR]; Ravdin, J. I. [EDITOR]; Greenberg, H. B. [EDITOR]; Guerrant, R. L. [EDITOR]
SO Infections of the gastrointestinal tract, (1995) pp. xxix + 1578.
Publisher: Raven Press. New York
ISBN: 0-7817-0226-7
CY United States
DT Book
LA English
AB This massive tome is entirely devoted to infection involving the gastrointestinal tract. It is in 10 parts, and consists of 97 chapters; there are 162 contributors (all but 11 from North America). Part I focuses on historical and epidemiological aspects of diarrhoeal disease (in both developed and developing countries). Much of the basic science in the book is contained in Parts II and III which are devoted to anatomy, physiology and immunology: normal luminal flora, mucins, defence mechanisms, adherence factors, fluid and electrolyte transport, M cells and microbial pathogens, mucosal IgA, secretory antibody responses to enteric pathogens, systemic immune response to mucosal pathogens, cellular immune mechanisms, and immunophysiology of mast cells are all addressed. In Parts IV to VI various clinical syndromes are described, both in the immunointact and immunosuppressed individual: coverage starts with food poisoning and travellers' diarrhoea, and the reader is then taken through enteric fever, tropical sprue, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , appendicitis, diverticulitis, peritonitis, sexually transmitted infections of the anus and rectum, and the infective complications of inflammatory bowel disease; there is also a great deal on Helicobacter pylori (53 pp.) and HIV-associated disease of the gastrointestinal tract. Microbiology, epidemiology, and pathophysiological considerations form the basis for Part VII; bacterial and fungal, viral, and parasitic (protozoan and helminthic) infections are dealt with in this order. Mycobacterial disease of the gastrointestinal tract (this includes Mycobacterium tuberculosis) is allocated a mere 19 pages, whereas that on Whipple's disease (an extremely rare and erudite clinical entity) receives 18! The remaining 3 parts focus on diagnosis (laboratory, endoscopic, and radiological), therapy and preventive strategies including vaccination (against viruses, bacteria and parasites). A particular merit of this book is the substantial reference list(s) at the end of each chapter; the majority are well chosen and up-to-date, and most are accurate. The line figures and half-tone photographs are of good quality and 44 colour plates are included: these comprise histological, endoscopic, and parasitological figures. The index is comprehensive.

L11 ANSWER 153 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.

DUPLICATE 66
AN 1996:18479 BIOSIS
DN PREV199698590614
TI Effect of Bacteroides melaninogenicus culture supernatant and deconjugated bile salt on lipid absorption.
AU Healy, M. J. (1); Walshe, K.; Weir, D. G.; Keane, C. T.; Speekenbrink, A. B. J.; O'Moore, R. R.
CS (1) Dep. Biochem., Cent. Pathol. Lab., St. James's Hosp., Dublin 8 Ireland
SO Digestive Diseases and Sciences, (1995) Vol. 40, No. 11, pp. 2456-2459. ISSN: 0163-2116.
DT Article
LA English
AB Lipid malabsorption is a common clinical manifestation of small bowel bacterial overgrowth. Its pathogenesis, however, remains controversial. Bacteroides melaninogenicus ssp. intermedius, an anaerobic bacterium, is commonly isolated from the upper bowel of patients with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . The effects of a culture supernate of this organism and deoxycholate, an unconjugated bile salt, on intestinal oleic acid absorption were examined using a rat closed-loop model. The supernatant reduced the in vitro uptake of oleic acid by 19% (P lt 0.001). Deoxycholate did not significantly reduce the lipid absorption. Combined supernate and deoxycholate did not have an additive effect on absorption of oleic acid. We conclude that anaerobic bacterial products may contribute to the malabsorption of lipid in the setting of bacterial overgrowth of the small bowel.

L11 ANSWER 154 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 67
AN 1995:454963 BIOSIS
DN PREV199598469263
TI Factors influencing the 1-g 14C-D-xylose breath test for bacterial overgrowth.
AU Riordan, Stephen M.; McIver, Christopher J.; Duncomber, Vic M.; Bolin, Terry D.; Thomas, Mervyn C.
CS Gastrointestinal Unit, Prince Wales Hosp., High Avoca Streets, Randwick 2031, Sydney Australia
SO American Journal of Gastroenterology, (1995) Vol. 90, No. 9, pp. 1455-1460.
ISSN: 0002-9270.
DT Article
LA English
AB Objectives: To document the sensitivity of the 1-g 14C D-xylose breath test for bacterial overgrowth and to investigate luminal and nonluminal factors that may influence breath 14CO-2 levels and impact on the clinical utility of this test. Methods: Thirty-five adult subjects were investigated for bacterial overgrowth by culture of gastric and small intestinal aspirates and by a 1-g 14C-D-xylose breath test. Body weight, gastroduodenal pH and the in vitro capability of overgrowth flora to ferment D-xylose were assessed. Serial breath 11-4CO-2, levels were also recorded before and after the resolution of malabsorption in a subject with celiac disease to determine the importance of postabsorptive metabolism of this substrate. Results: Gastric and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** were present in 19/35 (54.3%) and 21/35 (60.0%) subjects, respectively. The positivity rate of culture of aspirate exceeded that of the 1 g 14C-D-xylose breath

test. Endogenous CO-O2 production independently influenced breath 14CO-2 levels. After excluding this influence, sensitivity of the 1 g 14 C-D-xylose breath test for gastric bacterial overgrowth or ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** was poor, even when overgrowth with specific "marker organisms" was considered. Poor sensitivity could not be explained by unfavorable luminal pH. Overgrowth flora were proven capable of in vitro D-xylose fermentation in 81.8% of subjects. Systemic and/or colonic metabolism of 1-g 14 C-D-xylose appear to be important factors influencing results of the 1-g 14C D-xylose breath test, especially in partial gastrectomy subjects. Conclusions: The 1 g 14C-D-xylose breath test is not a suitable alternative to culture of aspirate for the investigation of subjects for bacterial overgrowth.

L11 ANSWER 155 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 68
AN 95317447 EMBASE
DN 1995317447
TI Increased accuracy of the carbon-14 D-xylose breath test in detecting ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** by correction with the gastric emptying rate.
AU Chang C.-S.; Chen G.-H.; Kao C.-H.; Wang S.-J.; Peng S.-N.; Huang C.-K.; Poon S.-K.
CS Division of Gastroenterology, Department of Internal Medicine, Taichung Veterans General Hospital, 160 Sec 3 Chung-Kung Rd,Taichung, Taiwan 407, Taiwan,Province of China
SO European Journal of Nuclear Medicine, (1995) 22/10 (1118-1122). ISSN: 0340-6997 CODEN: EJNMD
CY Germany
DT Journal; Article
FS 004 Microbiology
023 Nuclear Medicine
048 Gastroenterology
LA English
SL English
AB To date, there is no general agreement as to which test is to be preferred for the diagnosis of ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** . The 1-g carbon-14 D-xylose breath test has been proposed as a very sensitive and specific test for the diagnosis of bacterial overgrowth. However, in patients with severe gastrointestinal motor dysfunction, the lack of consistent delivery of 14C-D-xylose to the region of bacterial contamination may result in a 'negative' result. The aim of this study was to determine whether the accuracy of 14C-D-xylose breath test for detecting bacterial overgrowth can be increased by correction with the gastric emptying rate of 14C-D-xylose. Ten culture-positive patients and ten culture-negative controls were included in the study. Small-intestinal aspirates for bacteriological culture were obtained endoscopically. A liquid-phase gastric emptying study was performed simultaneously to assess the amount of 14C-D-xylose that entered the small intestine. The results of the percentage of expired 14CO2 at 30 min were corrected with the amount of 14C-D-xylose that entered the small intestine, There were six patients in the culture-positive group with a 14CO2 concentration above the normal limit. Three out of four patients with initially negative results using the uncorrected method proved to be positive after correction. All these three patients had prolonged gastric emptying of 14C-D-xylose. When compared with cultures of small-intestine aspirates, the sensitivity and

specificity of the uncorrected 14C-D-xylose breath test were 60% and 90%, respectively. In contrast, the sensitivity and specificity of the corrected 14C-D-xylose breath test improved to 90% and 100%, respectively. In conclusion, using the gastric emptying rate of 14CD-xylose as a correcting factor, we found a higher sensitivity and specificity for the 14C-D-xylose breath test in the detection of ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** than were achieved with the conventional method.

L11 ANSWER 156 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 69
AN 1995:393967 BIOSIS
DN PREV199598408267
TI Bacteriologic analysis of mucosal biopsy specimens for detecting ***small*** - ***intestinal*** ***bacterial*** ***overgrowth***
.
AU Riordan, Stephen M. (1); McIver, C. J.; Duncombe, V. M.; Bolin, T. D.
CS (1) Dep. Gastroenterol., Prince Wales Hosp., Sydney, NSW Australia
SO Scandinavian Journal of Gastroenterology, (1995) Vol. 30, No. 7, pp. 681-685.
ISSN: 0036-5521.
DT Article
LA English
AB Background: Although culture of luminal secretions is regarded as the most accurate diagnostic test for ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** , obtaining an aspirate is often difficult owing to the sparseness of luminal secretions present at the time of aspiration. Obtaining a mucosal biopsy specimen for bacteriologic analysis would overcome this problem. Methods: Culture of small-intestinal and gastric aspirates and unwashed small-intestinal mucosal specimens was performed in 51 adult subjects investigated for small-intestinal overgrowth. Results: Highly significant (r = 0.85-0.90; p lt 0.0005) correlations were found between viable bacterial counts in small-intestinal luminal secretions and biopsy specimens. ***Small*** - ***intestinal*** ***bacterial*** ***overgrowth*** was present in 60.8% of subjects. When specimens weighing 4.0-84.0 mg were suspended in diluent, total aerobic and/or anaerobic bacterial counts gtoreq 10-2 CFU/ml were found to have 90.3% sensitivity and 100% specificity for ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** . Conclusion: Culture of an unwashed small-intestinal mucosal biopsy specimen is a useful alternative to culture of a small-intestinal aspirate for detecting subjects with ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** , especially when luminal secretions are scanty at the time of aspiration.

L11 ANSWER 157 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 70
AN 1995:247268 BIOSIS
DN PREV199598261568
TI Increased accuracy of C-14-D-xylose breath test for detecting ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** by correction with gastric emptying.
AU Chang, C.-S. (1); Chen, G.-H (1); Peng, S.-N. (1); Huang, C.-K. (1); Wang, S.-J.; Kao, C.-H.
CS (1) Sect. Gastoenterol., Dep. Internal Med., Taichung Veterans General

Hosp., Taichung Taiwan
SO Gastroenterology, (1995) Vol. 108, No. 4 SUPPL., pp. A581.
Meeting Info.: 95th Annual Meeting of the American Gastroenterological Association and Digestive Disease Week San Diego, California, USA May 14-17, 1995
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 158 OF 286 MEDLINE
AN 96147771 MEDLINE
DN 96147771 PubMed ID: 8582184
TI Lactulose hydrogen breath test in ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Wang J; Bei L; Pan G
CS Peking Union Medical College Hospital, Beijing.
SO CHUNG-HUA NEI KO TSA CHIH CHINESE JOURNAL OF INTERNAL MEDICINE, (1995 Jun) 34 (6) 381-4.
Journal code: 16210490R. ISSN: 0578-1426.
CY China
DT Journal; Article; (JOURNAL ARTICLE)
LA Chinese
FS Priority Journals
EM 199603
ED Entered STN: 19960327
Last Updated on STN: 19960327
Entered Medline: 19960321
AB Lactulose hydrogen breath test (LHBT) was evaluated in 21 patients suspected of having ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome and 10 healthy volunteers as control. After dietary preparation and a 12-hour fast, subjects received 15g of lactulose mixed with 40% barium sulfate. The purpose of the barium meal was to reveal the position of lactulose in the intestines. End-expiratory samples of breath were taken at 15 minutes intervals at least for 4 hours. Breath hydrogen was measured with gas chromatography. A positive LHBT was defined as increase of hydrogen concentration in the breath more than 10 x 10(-6) above the baseline value before barium reached the sixth group of small intestine. Cultures were considered positive for bacterial overgrowth when anaerobic counts > or = 10(6) CFU/ml of aspirate. The procedure was carried out under sterile condition. Compared with the bacteriologic culture, LHBT has a sensitivity of 71.4%, specificity of 88.2% and accuracy of 80.6%. These results show that the LHBT is a simple, non-invasive and relatively reliable method for diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L11 ANSWER 159 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 71
AN 1995:182886 BIOSIS
DN PREV199598197186
TI Changes in the intestinal mucosal cell populations of German Shepherd Dogs fed diets containing different protein sources.
AU Edwards, J. F.; Fossum, T. W.; Willard, M. D. (1); Cohen, N. D.; Patterson, William B. Vv; Carey, D. P.
CS (1) Dep. Small Anim. Med. Surg., Coll. Vet. Med., Texas A and M Univ., College Station, TX 77843 USA

SO American Journal of Veterinary Research, (1995) Vol. 56, No. 3, pp. 340-348.
ISSN: 0002-9645.
DT Article
LA English
AB Sixteen German Shepherd Dogs from 4 litters were IgA-deficient on the basis of at least 1 of 2 serum IgA determinations, and all had ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , as documented by quantitated small intestinal bacterial culture in another study. These dogs were fed 2 diets that differed principally in their protein source (chicken vs beef, milk, and wheat). All dogs were fed each diet for 2 weeks before the study began. Next, all dogs were fed the chicken-based diet for 2 months. Then, half the dogs (group 1) were randomly assigned to continue eat in the chicken-based diet, while the other half (group 2) ate a diet containing beef, milk, and wheat proteins. The small intestine was biopsied at the beginning of the study and after dogs had eaten the assigned diet for 2 and 4 months. At 2 months, group-2 dogs had more colonic mucosal mast cells, but this difference did not persist at 4 months. At the end of the study (ie, 4 months), although all dogs were clinically normal, group-2 dogs had significantly ($P = 0.010$) decreased numbers of jejunal villus plasma cells. However, these histologic changes were not considered clinically important. There were no significant differences in blood eosinophil counts, serum trypsin-like immunoreactivity, or cobalamin, folate, or IgA concentration. Clinical differences were not detected between the 2 groups, before or after the study. Changes were seen in serum IgM and IgG concentrations. Although results of this study suggest that dietary protein may influence intestinal mucosal cell populations, there was no evidence that the protein sources in these 2 diets caused intestinal disease in these dogs under the conditions of this study.

L11 ANSWER 160 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 96030472 EMBASE
DN 1996030472
TI [Functions test of the small intestine].
DUNNDARMFUNKTIONSTESTS.
AU Plein K.; Hotz J.
CS Innere Medizin, Klinik fur Gastroenterologie, Allgemeines Krankenhaus, Siemensplatz 4,D-29223 Celle, Germany
SO Verdauungskrankheiten, (1995) 13/6 (256-261).
ISSN: 0174-738X CODEN: VERDEJ
CY Germany
DT Journal; General Review
FS 006 Internal Medicine
029 Clinical Biochemistry
048 Gastroenterology
037 Drug Literature Index
LA German
SL German; English
AB Function tests of the small intestine are still necessary for diagnosis of small intestine diseases and for evaluation of the degree of functional impairment. Normal physiology of the small intestine is illustrated and the most important function tests of the small intestine are demonstrated including their indications, contraindications, normal values and interferences. The D-Xylose-absorption test is used for the study of

carbohydrate malabsorption in the proximal small intestine, functional disorders of the distal small intestine are investigated by 75-SeHCAT test and vitamin B12-absorption test (Schilling test). ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** is detected by means of the glucose breath hydrogen test. Tests for the study of fat maldigestion (.beta.-carotin-test), of the oral-coecal-transittime (lactulose-H2breath test) and protein loss (alpha 1-antitrypsin clearance) are described.

L11 ANSWER 161 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 72
AN 1995:207807 BIOSIS
DN PREV199598222107
TI Fasting breath hydrogen concentrations in gastric and ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Riordan, S. M. (1); McIver, C. J.; Bolin, T. D.; Duncombe, V. M.
CS (1) Dep. Gastroenterologgy, Prince of Wales Hosp., High and Avoca Streets, Randwick, 2031, Sydney Australia
SO Scandinavian Journal of Gastroenterology, (1995) Vol. 30, No. 3, pp. 252-257.
ISSN: 0036-5521.
DT Article
LA English
AB Background: Although elevated fasting breath hydrogen concentrations have been reported in ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** , this diagnosis has been presumptive or based on definitions that vary from study to study. The influence of gastric bacterial overgrowth and gastroduodenal pH has not been documented. Conflicting evidence exists as to the reproducibility of breath hydrogen measurements. Methods: Forty-two subjects underwent culture of gastric and duodenal aspirates. The pH was measured by indicator paper. Paired fasting breath hydrogen concentrations were measured by gas chromatography within 7 days of endoscopy. Results: Paired fasting breath hydrogen concentrations differed in terms of normality or abnormality in 21% of subjects. Paired concentrations correlated significantly in overgrowth but not in culture-negative subjects. Sensitivity for bacterial overgrowth was 4-29%, and specificity 71-100%. No correlation with gastroduodenal pH was found. Conclusions: The clinical relevance of a single fasting breath hydrogen concentration is limited. The efficacy of paired measurements for gastric or ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** is poor.

L11 ANSWER 162 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 73
AN 1995:109781 BIOSIS
DN PREV199598124081
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in dogs with chronic intestinal disease.
AU Rutgers, H. Carolien (1); Batt, Roger M.; Elwood, Clive M.; Lamport, Anne
CS (1) Dep. Small Med. Surgery, Royal Veterinary College, Univ. London, Hawkshead Lane, North Mymms, Hatfield, Herts AL9 7TA UK
SO Journal of the American Veterinary Medical Association, (1995) Vol. 206, No. 2, pp. 187-193.
ISSN: 0003-1488.
DT Article

LA English
AB ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) was diagnosed by quantitative bacterial culture of duodenal juice samples obtained endoscopically in 41 of 80 dogs that were admitted with chronic diarrhea, vomiting, or weight loss. Thirteen dogs had aerobic bacterial overgrowth, most frequently comprising Escherichia coli, staphylococci, and enterococci, and 28 dogs had mixed anaerobic overgrowth, most frequently including Clostridium and Bacteroides spp. Affected dogs comprised 23 breeds, including 10 German Shepherd Dogs, and median age at diagnosis was 2 years (range, 6 months to 11 years). High serum folate and low serum cobalamin concentrations had fair specificity (79 and 87%, respectively), but low sensitivity (51 and 24%, respectively) in detecting ***SIBO*** . Histologic examination of duodenal biopsy specimens did not reveal abnormalities (26/41 dogs), or revealed mild to moderate lymphocytic (12/41) or eosinophilic (2/41) infiltrates, or lymphosarcoma (1/41). Oral antibiotic treatment was effective in 77% (23/30 dogs), but prolonged treatment (gt 4 weeks) was required to control signs and prevent recurrence in 50% (15130). Corticosteroids were used alone in a dog with eosinophilic enteritis and in combination with antibiotics in 4 dogs with marked gastrointestinal lymphocytic/plasmacytic infiltrates. This study suggested that ***SIBO*** may be observed in dogs of many breeds, without an obvious primary cause, and that, although results of indirect tests may be suggestive of ***SIBO*** , bacterial culture of duodenal juice samples remains necessary for definitive diagnosis.

L11 ANSWER 163 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 74
AN 95:42150 CABA
DN 952201598
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth***
AU Simpson, K. W.; Willard, M. D.; Simpson, R. B.; Fossum, T. W.; Carey, D. P.; Reinhart, G. A.
SO Journal of the American Veterinary Medical Association, (1994) Vol. 205, No. 3, pp. 405-407. 10 ref.
ISSN: 0003-1488
DT Letter
LA English
AB Comments on a paper by D. Willard and others (JAVMA, 204, 1201-1206) and a reply from the authors.

L11 ANSWER 164 OF 286 MEDLINE
AN 95141472 MEDLINE
DN 95141472 PubMed ID: 7839519
TI [Abnormal flora in the small intestine. Diagnostic evaluation of the H2 breath test].
Abnorm tyndtarmsflora. Evaluering af H2-pusteprove ved diagnosticering.
AU Kristensen M; Hoeck H C
CS Ribe Sygehus, medicinsk afdeling.
SO UGESKRIFT FOR LAEGER, (1994 Dec 12) 156 (50) 7530-3.
Journal code: 0141730. ISSN: 0041-5782.
CY Denmark
DT Journal; Article; (JOURNAL ARTICLE)
LA Danish
FS Priority Journals

EM 199502
ED Entered STN: 19950314
Last Updated on STN: 19950314
Entered Medline: 19950227
AB Jejunal aspiration in order to diagnose intestinal bacterial overgrowth is more unpleasant for patients than breath testing. The object of this study was to compare the results of the glucose H2 breath test and the lactulose H2 breath test with the results of intestinal culture. On separate days, cultures of intestinal fluid collected from the Treitz region, glucose H2 breath tests (80 g glucose) and lactulose H2 breath tests (15 g lactulose) were undertaken in 20 patients with diseases predisposing to ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and in 20 controls. Twelve patients had bacterial overgrowth. Abnormal glucose H2 breath tests were observed in 11 patients, ten of whom had bacterial overgrowth. Glucose H2 breath tests were normal in seven out of eight patients without bacterial overgrowth. Only four patients had an abnormal lactulose H2 breath test. It is concluded that the glucose H2 breath test is acceptable for diagnosing bacterial overgrowth, whereas the lactulose H2 breath test in not.

L11 ANSWER 165 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1995:79665 BIOSIS
DN PREV199598093965
TI The effect of dietary levels of folate and cobalamin on the serum concentration of folate and cobalamin in the dog.
AU Davenport, Deborah J. (1); Ching, Ron J. W.; Hunt, Jon H.; Bruyette, David S.; Gross, Kathy L.
CS (1) Mark Morris Assoc., 1035 NE 43rd St., Topeka, KS 66617 USA
SO Journal of Nutrition, (1994) Vol. 124, No. 12 SUPPL., pp. 2559S-2562S.
ISSN: 0022-3166.
DT Article
LA English

L11 ANSWER 166 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 94:668050 SCISEARCH
GA The Genuine Article (R) Number: PL972
TI GASTROINTESTINAL TRANSIT THROUGH ESOPHAGUS, STOMACH, SMALL AND LARGE-INTESTINE IN PATIENTS WITH PROGRESSIVE SYSTEMIC-SCLEROSIS
AU WEGENER M (Reprint); ADAMEK R J; WEDMANN B; JERGAS M; ALTMEYER P
CS RUHR UNIV BOCHUM, ST JOSEF HOSP, DEPT MED, GUDRUNSTR 56, W-4630 BOCHUM, GERMANY (Reprint); RUHR UNIV BOCHUM, ST JOSEF HOSP, DEPT RADIOL, W-4630 BOCHUM, GERMANY; RUHR UNIV BOCHUM, ST JOSEF HOSP, DEPT DERMATOL, W-4630 BOCHUM, GERMANY
CYA GERMANY
SO DIGESTIVE DISEASES AND SCIENCES, (OCT 1994) Vol. 39, No. 10, pp. 2209-2215.
ISSN: 0163-2116.
DT Article; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 30
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Liquid esophageal transit and gastric emptying, mouth-to-cecum transit, and whole gut transit of a solid-liquid meal were measured in 14 patients with PSS, 16 control subjects (esophageal transit), and 20 control

subjects (gastrointestinal transit), respectively, by using scintigraphic techniques, the hydrogen breath test, and stool markers. In patients with PSS, the glucose hydrogen breath test for detection of small intestinal overgrowth was performed and various gastrointestinal symptoms were determined. Esophageal transit and gastric emptying were significantly prolonged in PSS patients with 11 of 14 PSS patients (79%) disclosing delayed esophageal transit and eight of 14 PSS patients (57%) disclosing delayed gastric emptying. All PSS patients with prolonged gastric emptying also had delayed esophageal transit and there was a significant positive correlation between esophageal transit and gastric emptying ($r = 0.696$, $P < 0.01$). No significant differences between PSS patients and controls were detected concerning mouth-to-cecum transit and whole gut transit, but abnormally delayed mouth-to-cecum transit was found in four of 10 PSS patients (40%) and abnormally prolonged whole gut transit was detected in three of 13 PSS patients (23%). Small bacterial overgrowth was diagnosed in three of 14 PSS patients (21%). Delayed esophageal transit and gastric emptying were associated with dysphagia, retrosternal pain, and epigastric fullness, while prolonged whole gut transit was associated with constipation. It is concluded that delayed gastric emptying is frequently associated with esophageal transit disorders in PSS patients and may be one important factor for the development of gastroesophageal reflux disease in these patients.

L11 ANSWER 167 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 75
AN 1994:258005 BIOSIS
DN PREV199497271005
TI Characterization of naturally developing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in 16 German shepherd dogs.
AU Willard, M. D. (1); Simpson, R. B.; Fossum, T. W. (1); Cohen, N. D.; Delles, E. K. (1); Kolp, D. L.; Carey, D. P.; Reinhart, G. A.
CS (1) Dep. Small Anim. Med. Surg., Coll. Vet. Med., Tex. A and M Univ., College Station, TX 77843 USA
SO Journal of the American Veterinary Medical Association, (1994) Vol. 204, No. 8, pp. 1201-1206.
ISSN: 0003-1488.
DT Article
LA English
AB Sixteen German Shepherd dogs were found, via quantitative microbial culture of intestinal fluid samples, to have ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (IBO) over an 11-month period. All dogs were deficient in serum IgA. Consistent clinical signs suggestive of an alimentary tract disorder were not observed. Serum cobalamin determinations were not helpful in detecting IBO. Serum folate concentrations had variable sensitivity and specificity of detecting dogs from which we could culture gtoreq 1 times 10-5 bacteria/ml from intestinal fluid samples in the nonfed state. Histological and intestinal mucosal cytologic examinations were not useful in detecting IBO. Substantial within-dog and between-dog variation was found in the numbers and species of bacteria in the intestines. The difficulty in diagnosing IBO, the variability in organisms found in individual dogs on repeated sampling, the likelihood that intestinal fluid microbial cultures failed to diagnose IBO in some dogs, and the potential of IBO to be clinically inapparent were the most important findings in this study.

L11 ANSWER 168 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 76
AN 1994:392237 BIOSIS
DN PREV199497405237
TI Comparison of species and numbers of bacteria in concurrently cultured samples of proximal small intestinal fluid and endoscopically obtained duodenal mucosa in dogs with intestinal bacterial overgrowth.
AU Delles, E. K.; Willard, M. D. (1); Simpson, R. B.; Fossum, T. W.; Slater, M.; Kolp, D.; Lees, G. E.; Helman, R.; Reinhart, G.
CS (1) Dep. Small Animal Med., Coll. Veterinary Med., Texas A and M Univ., College Station, TX 77843 USA
SO American Journal of Veterinary Research, (1994) Vol. 55, No. 7, pp. 957-964.
ISSN: 0002-9645.
DT Article
LA English
AB Concurrent bacterial culturing of duodenal/proximal jejunal fluid and duodenal mucosa was performed on 2 occasions in each of 16 IgA-deficient German Shepherd Dogs with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . The interval between sample collections in each dog was 74 to 78 days. Species of bacteria and numbers of bacterial colony-forming units (CFU) per milliliter of fluid were compared with species and numbers found in the concurrent duodenal mucosa sample. There was inconsistent correlation for number of CFU and minimal correlation for species of bacteria isolated from the 2 sites. Fewer bacterial CFU usually were isolated from the mucosa than from the concurrent fluid sample. When the same numeric criteria used for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in samples of intestinal fluid (ie, gtoreq 10-5 bacterial or gtoreq 10-4 anaerobic CFU/ml) were used to interpret results of culturing duodenal mucosa, quantitations of bacterial CFU in duodenal mucosa was found to be a specific, but insensitive test.

L11 ANSWER 169 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 77
AN 94247596 EMBASE
DN 1994247596
TI Acute fatty liver complicating coeliac disease.
AU Lynch D.A.; Thornton J.R.; Axon A.T.
CS The Gastroenterology Unit, The General Infirmary, Great George Street,Leeds, Yorkshire LS1 3EX, United Kingdom
SO European Journal of Gastroenterology and Hepatology, (1994) 6/8 (745-747).
ISSN: 0954-691X CODEN: EJGHES
CY United Kingdom
DT Journal; Article
FS 004 Microbiology
029 Clinical Biochemistry
037 Drug Literature Index
048 Gastroenterology
LA English
SL English
AB Objective: To describe a patient with coeliac disease complicated by small bowel bacterial overgrowth and acute fatty liver. Design: A single patient case report. Patient: A 63-year-old female patient with a brief history of steatorrhoea presented with subtotal villous atrophy on a jejunal biopsy,

and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Results: On examination, the patient's liver biochemistry was found to be abnormal. Despite treatment with a gluten-free diet and oral tetracycline, she continued to deteriorate and became increasingly jaundiced. A liver biopsy demonstrated severe large and small droplet fatty change. There was no evidence of lymphoma on computed tomography of the abdomen. Following adherence to a gluten-free diet, her jaundice was resolved. Conclusion: Acute fatty liver is a recognized cause of jaundice in coeliac disease and can be fatal if untreated. It is important to exclude this treatable condition before attributing the jaundice to a lymphoma.

L11 ANSWER 170 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 78
AN 1994:258152 BIOSIS
DN PREV199497271152
TI Effects of dietary supplementation of fructo-oligosaccharides on ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in dogs.
AU Willard, M. D. (1); Simpson, R. B.; Delles, E. K. (1); Cohen, N. D.; Fossum, T. W.; Kolp, D.; Reinhart, G.
CS (1) Dep. Small Animal Med. and Surg., Coll. Veterinary Med., Texas A and M Univ., College Station, TX 77843 USA
SO American Journal of Veterinary Research, (1994) Vol. 55, No. 5, pp. 654-659.
ISSN: 0002-9645.
DT Article
LA English
AB Sixteen IgA-deficient German Shepherd Dogs with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** were randomized into 2 groups. One group was fed a chicken-based kibble diet; the other was fed the same diet, but with 1% fructo-oligosaccharides supplemented at the expense of cornstarch. After being exposed to the diets for 46 to 51 days, the group that ate the supplemented diet had significantly (P = 0.04) fewer aerobic/facultative anaerobic bacterial colony-forming units in fluid from the duodenum/proximal part of the jejunum, as well as in the duodenal mucosa. We could not detect significant differences in the species of bacteria found in the intestine of these 2 groups of dogs. We conclude that at least some dietary carbohydrates can affect small intestinal bacterial populations in dogs with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L11 ANSWER 171 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 94:479021 SCISEARCH
GA The Genuine Article (R) Number: NZ398
TI ***SMALL*** - ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** - RESPONSE
AU WILLARD M D (Reprint); SIMPSON R B; FOSSUM T W; CAREY D P; REINHART G A
SO JOURNAL OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION, (01 AUG 1994) Vol. 205, No. 3, pp. 406-407.
ISSN: 0003-1488.
DT Letter; Journal
FS AGRI
LA ENGLISH

REC Reference Count: 4

L11 ANSWER 172 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 94:479020 SCISEARCH
GA The Genuine Article (R) Number: NZ398
TI ***SMALL*** - ***INTESTINAL*** ***BACTERIAL***
OVERGROWTH
AU SIMPSON K W (Reprint)
SO JOURNAL OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION, (01 AUG 1994) Vol. 205, No. 3, pp. 405-406.
ISSN: 0003-1488.
DT Letter; Journal
FS AGRI
LA ENGLISH
REC Reference Count: 7

L11 ANSWER 173 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 79
AN 1994:284849 BIOSIS
DN PREV199497297849
TI The 14C-xylose breath test in chronic pancreatitis: Evidence for ***small*** ***intestinal*** ***bacterial*** ***overgrowth***
.
AU Salemans, J. M. J. I.; Nagengast, F. M.; Jansen, J. B. M. J.
CS Dep. Gastroenterol., Univ. Hosp. Nijmegen, Nijmegen Netherlands
SO Gastroenterology, (1994) Vol. 106, No. 4 SUPPL., pp. A320.
Meeting Info.: 95th Annual Meeting of the American Gastroenterological Association New Orleans, Louisiana, USA May 15-18, 1994
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 174 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 80
AN 1994:547315 BIOSIS
DN PREV199598006863
TI Diarrhoea and increased intestinal permeability in laboratory beagles associated with proximal ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Morris, Timothy H. (1); Sorensen, Susanne H.; Turkington, John; Batt, Roger M.
CS (1) Dep. Lab. Anim. Sci., SmithKline Beecham Pharmaceuticals, Coldharbour Road, The Pinnacles, Harlow, Essex CM19 5AD UK
SO Laboratory Animals (London), (1994) Vol. 28, No. 4, pp. 313-319.
ISSN: 0023-6772.
DT Article
LA English
AB Repeated episodes of diarrhoea were seen in 4 laboratory beagles after experimental renal surgery and feeding a modified diet. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) was suspected by exclusion of other causes and measurement of plasma folate. ***SIBO*** was confirmed by quantitative duodenal bacteriology. Beagles with ***SIBO*** can show no clinical signs, experimental stress and dietary change may have been reasons why these 4 beagles exhibited clinical signs with ***SIBO*** . Despite normal gut

histology an increase in gut permeability was found using sugar absorption tests. This increased permeability had the potential to cause variations in drug absorption during experimental studies.

L11 ANSWER 175 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 81
AN 1994:284632 BIOSIS
DN PREV199497297632
TI Fasting gastric acidity in subjects with gastric and ***small***
intestinal ***bacterial*** ***overgrowth*** .
AU Riordan, S. M.; McIver, C. J.; Bolin, T. D.; Duncombe, V. M.
CS Dep. Gastroenterol. Microbiol., Prince of Wales Hosp., Sydney, NSW
Australia
SO Gastroenterology, (1994) Vol. 106, No. 4 SUPPL., pp. A266.
Meeting Info.: 95th Annual Meeting of the American Gastroenterological
Association New Orleans, Louisiana, USA May 15-18, 1994
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 176 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 82
AN 1994:284634 BIOSIS
DN PREV199497297634
TI The association between ***small*** ***intestinal***
bacterial ***overgrowth*** and ageing.
AU Riordan, S. M.; McIver, C. J.; Duncombe, V. M.; Bolin, T. D.
CS Dep. Gastroenterol. Microbiol., Prince of Wales Hosp., Sydney, NSW
Australia
SO Gastroenterology, (1994) Vol. 106, No. 4 SUPPL., pp. A266.
Meeting Info.: 95th Annual Meeting of the American Gastroenterological
Association New Orleans, Louisiana, USA May 15-18, 1994
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 177 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 83
AN 1994:284631 BIOSIS
DN PREV199497297631
TI Culture of duodenal tissue for the detection of ***small***
intestinal ***bacterial*** ***overgrowth*** .
AU Riordan, S. M.; McIver, C. J.; Bolin, T. D.; Duncombe, V. M.
CS Dep. Gastroenterol. Microbiol., Prince of Wales Hosp., Sydney, NSW
Australia
SO Gastroenterology, (1994) Vol. 106, No. 4 SUPPL., pp. A265.
Meeting Info.: 95th Annual Meeting of the American Gastroenterological
Association New Orleans, Louisiana, USA May 15-18, 1994
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 178 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 84
AN 1994:462975 BIOSIS

DN PREV199497475975
TI Diabetic diarrhea: Interest of breath-hydrogen testing for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Guillausseau, P. J. (1); Virally, M.; Bouhnik, Y.; Flourie, B.; Assayag, M.; Tielmans, D.; Duranteau, L.; Warnet, A.
CS (1) Serv. Med. B, Group Hosp. Lariboisiere, Univ. Paris VII, St. Lazare, Paris France
SO Diabetologia, (1994) Vol. 37, No. SUPPL. 1, pp. A184.
Meeting Info.: 30th Annual Meeting of the European Association for the Study of Diabetes Duesseldorf, Germany September 27-October 1, 1994
ISSN: 0012-186X.
DT Conference
LA English

L11 ANSWER 179 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 85
AN 94110555 EMBASE
DN 1994110555
TI [Gastrointestinal manifestations in HIV-infection].
GASTROINTESTINALE MANIFESTATIONEN BEI DER HIV-INFEKTION.
AU Schneider T.; Ullrich R.; Zeitz M.
CS Medizinische Klinik, Abt. mit Schwerpunkt Gastroenterol., Klinikum Steglitz, Hindenburgdamm 30,D-12203 Berlin, Germany
SO Zeitschrift fur Gastroenterologie, (1994) 32/3 (174-181).
ISSN: 0044-2771 CODEN: ZGASAX
CY Germany
DT Journal; General Review
FS 004 Microbiology
026 Immunology, Serology and Transplantation
048 Gastroenterology
LA German
SL German; English
AB The intestinal (in particular rectal) mucosa is the main portal of entry for HIV in homosexual men, who represent the vast majority of HIV-infected patients in Europe and North America. There are several possibilities for HIV to reach the CD4-positive T cells, macrophages and follicular-dendritic cells in the intestinal mucosa. HIV may be transported through M-cells directly to mucosal lymph follicles. Alternatively HIV may infect enterocytes via Fc-receptor by antibody-bound HIV or via a CD4-independent receptor. By successive budding on the basolateral side of the enterocytes HIV may be released into the lamina propria. The loss and functional impairment of activated CD4-positive lamina propria T-cells could be responsible for both the decreased immune defense and altered structure and function of the mucosa. The common intestinal symptoms in HIV-infected patients may be caused by a variety of mechanisms. The high number of secondary opportunistic or non-opportunistic infections and secondary malignancies of the gut may be responsible for the observed symptoms. However, the pathogenic relevance of some of these pathogens is questionable since there is often no correlation between symptoms and presence of the pathogen. In addition, there is a considerable percentage of symptomatic patients without identifiable microorganisms. Yet unidentified pathogens, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , damage of intestinal nerve fibres, or secretory diarrhea may contribute to the pathogenesis of gastrointestinal symptoms. The findings of a pathogen-negative diarrhea, of HIV-infected mononuclear cells in the gut,

and of epithelial hypoproliferation and enterocyte dysmaturation is in agreement with the hypothesis that there is an enteropathy caused by HIV itself.

L11 ANSWER 180 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 86
AN 1994:161500 BIOSIS
DN PREV199497174500
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** : An incidental finding.
AU MacMahon, Margaret (1); Lynch, M.; Mullins, E.; O'Moore, R. R.; Walsh, J. B.; Keane, C. T.; Coakley, D.
CS (1) Dep. Geriatric Med., Royal Victoria Infirm., Newcastle upon Tyne NE1 4LP UK
SO Journal of the American Geriatrics Society, (1994) Vol. 42, No. 2, pp. 146-149.
ISSN: 0002-8614.
DT Article
LA English
AB Objectives: To assess the prevalence of typical clinical features and need for treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***) in the elderly. Design: Random selection of patients, regardless of their nutritional status. Setting: Acute admissions ward in the Dept. of Medicine for the Elderly. Patients: Thirty elderly patients between 68 and 90 years of age. Measurements: Active clinical problems, including the presence of recent weight loss and diarrhea, were recorded. Routine blood tests, including serum vitamin B-12, red cell folate, albumin and calcium, and qualitative small bowel bacteriology results, were analyzed. The effect of age on all variables was studied. Results: Twenty of the 30 small bowel aspirates had proven ***SIBO*** , and strict anaerobes were isolated in 15. The mean blood test values did not differ significantly between culture-positive and culture-negative patients. There was no significant correlation between the total bacterial counts. Of the 20 proven ***SIBO*** cases, eight had anemia, five had hypoalbuminemia, five had diarrhea, four complained of recent weight loss, and none had B-12 deficiency. Alternative causes other than ***SIBO*** were identified for many of these abnormalities. Advancing age correlated significantly with rising counts of small bowel strict anaerobes.

L11 ANSWER 181 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 87
AN 94077803 EMBASE
DN 1994077803
TI Diagnosis and management of small intestinal disease.
AU Levin M.S.
CS Department of Medicine, Division of Gastroenterology, Washington Univ School of Medicine, 660 South Euclid Avenue,St Louis, MO 63110, United States
SO Current Opinion in Gastroenterology, (1994) 10/2 (143-148).
ISSN: 0267-1379 CODEN: COGAEK
CY United Kingdom
DT Journal; General Review
FS 037 Drug Literature Index
048 Gastroenterology
LA English

SL English
AB Topics relating to the diagnosis and medical management of small intestinal diseases include the use of the D-xylose hydrogen breath test in the clinical management of intestinal malabsorption, the measurement of unconjugated serum bile salts for diagnosing ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , identification of the etiology of abnormal lipid trafficking in patients with abetalipoproteinemia, evaluation of hypotonic oral rehydration solutions, the value of screening for celiac disease by detection of gliadin or endomysial antibodies, and recent advances in human small intestinal transplantation.

L11 ANSWER 182 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 88
AN 94:106443 CABA
DN 942212770
TI Rational use of antimicrobials for gastrointestinal disease in small animals
AU Jergens, A. E.
CS Department of Veterinary Clinical Sciences, College of Veterinary Medicine, Iowa State University, Ames, IA 50011, USA.
SO Journal of the American Animal Hospital Association, (1994) Vol. 30, No. 2, pp. 123-131. 62 ref.
ISSN: 0587-2871
DT Journal
LA English
AB Routine administration of antimicrobial agents for the treatment of non-specific gastroenteritis in dogs and cats is not recommended. Antibacterial drugs should be reserved for use in animals having specific gastrointestinal disorders including severe mucosal injury, presence of bacterial enteropathogens, bacterial villus adherence, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , and some forms of idiopathic, inflammatory bowel disease. Bactericidal agents which possess a specific antimicrobial spectrum and which are minimally disruptive to the host microflora should be used. In other clinical situations, the choice of an appropriate antibiotic is dictated by results of faecal culture, blood culture, or both with susceptibility testing. Indiscriminant antibiotic use adversely affects the host and may promote bacterial drug resistance.

L11 ANSWER 183 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 89
AN 1994:492620 BIOSIS
DN PREV199497505620
TI Does long-term inhibition of gastric acid secretion with omeprazole lead to ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Nelis, G. F. (1); Engelage, A. H.; Samson, G.
CS (1) Dep. Gastroenterol., Dep. Nuclear Med., Sophia, Hosp., P.O. 10400, 8000 GK Zwolle Netherlands
SO Netherlands Journal of Medicine, (1994) Vol. 45, No. 3, pp. 93-100.
ISSN: 0300-2977.
DT Article
LA English
AB Objective: Gastric acid secretion and small intestinal motility are the main mechanisms of defense against bacterial overgrowth of the proximal

digestive tract. Bacterial colonization of the stomach during gastric acid inhibition has been documented, but is probably without clinical consequence. However, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** can have serious clinical implications with malabsorption and diarrhoea. Methods: We prospectively investigated ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in 40 patients receiving long-term omeprazole treatment using the (14C)glycocholic breath test. Tests were performed before omeprazole treatment, after 6 weeks treatment with 40 mg o.m. and after 26 weeks treatment with 20 mg; in the test each patient served as his own control. Results: Breath tests, using individual curves, peak values, time at which the peak appeared and the area under the curve, did not differ significantly during treatment from those before treatment. Conclusions: We conclude that long-term strong inhibition of gastric acid secretion does not lead to ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L11 ANSWER 184 OF 286 MEDLINE
AN 94145174 MEDLINE
DN 94145174 PubMed ID: 8311543
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in patients with rheumatoid arthritis.
CM Comment on: Ann Rheum Dis. 1993 Jul;52(7):503-10
AU Lewis S J
SO ANNALS OF THE RHEUMATIC DISEASES, (1993 Dec) 52 (12) 895.
Journal code: 0372355. ISSN: 0003-4967.
CY ENGLAND: United Kingdom
DT Commentary
Letter
LA English
FS Priority Journals
EM 199403
ED Entered STN: 19940330
Last Updated on STN: 19950206
Entered Medline: 19940317

L11 ANSWER 185 OF 286 USPATFULL
AN 93:79497 USPATFULL
TI Serial data transmission including idle bits
IN Myers, Nicholas S., London, England
PA Psion plc, London, United Kingdom (non-U.S. corporation)
PI US 5247657 19930921
AI US 1990-582492 19900914 (7)
PRAI GB 1989-21143 19890919
DT Utility
FS Granted
EXNAM Primary Examiner: LaRoche, Eugene R.; Assistant Examiner: Glembocki, Christopher
LREP Kilpatrick & Cody
CLMN Number of Claims: 23
ECL Exemplary Claim: 6
DRWN 9 Drawing Figure(s); 7 Drawing Page(s)
LN.CNT 918
AB A serial data interface communicates data between a control processor (1) and one or more slave processors (2) via a serial bus (3). Typically

the control processor (1) may be formed in a hand held or lap top computer and the slave processor (2) in a peripheral device for the computer. The control processor (1) transmits a clock signal over a clock line in the serial bus (3) to the slave processor (2). At the same time, control or data frames are transmitted from the control processor (1) the slave processor (2) or data frames are transmitted from the slave processor (3) to the control processor (1). Each data frame has a control portion which identifies the frame as a control frame or as a data frame, and following the control portion a plurality of data bits bounded by idle bits. Both the slave processor (2) and the control processor (1) free the data line for a change in the direction of data transmission during each idle bit.

In a preferred example, each control frame includes a select bit identifying the control frame as a slave select frame or as a slave control frame. Each slave control frame includes data transmission parameters which set the slave processor (2) to read or write one or more data frames subsequent to the current control frame.

L11 ANSWER 186 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 90
AN 1994:58531 BIOSIS
DN PREV199497071531
TI A syndrome of cirrhosis, achlorhydria, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , and fat malabsorption.
AU Shindo, Kunihiko (1); Machida, Makiyo; Miyakawa, Kaoru; Fukumura, Motonori
CS (1) First Dep. Intern. Med., Yokohama City Univ. Sch. Med., 3-9 Fukuura, Kanazawa-ku, Yokohama 236 Japan
SO American Journal of Gastroenterology, (1993) Vol. 88, No. 12, pp. 2084-2091.
ISSN: 0002-9270.
DT Article
LA English
AB Objectives: The purposes of this report were to examine whether or not a positive bile acid breath test in cirrhotic patient was associated with bacterial overgrowth in the upper small intestine, to verify that these bacteria have deconjugation ability, and, in addition, to elucidate whether or not changes in the gastric pH are related to bacterial overgrowth. Methods: Twenty-seven patients with liver cirrhosis were tested by breath analysis technique using glycine-1-14C-labeled glycocholate. Jejunal fluids were aspirated through a double-lumen tube with a rubber cover on the tip. Anaerobes and aerobes were isolated and identified. After culturing, we used thin layer chromatography to determine whether each bacteria had the ability to deconjugate bile salts. Results: Expired breath samples from seven of 27 patients with liver cirrhosis showed a marked increase of 14CO-2-specific activity. Bacterial overgrowth was found in the jejunal fluid of these patients. Administration of chloramphenicol to the seven patients reduced 14CO-2 specific activity significantly. The majority of the species identified deconjugated bile acids. Seventeen healthy control subjects showed no increase in CO-2 excretion, and 16 of the 17 had no bacteria isolated from jejunal fluid. The relationship between 14CO-2 specific activity of expired breath samples and gastric pH was also tested in the cirrhotic patients. There was a relatively good correlation (n = 27, r = 0.87, p lt 0.05) between 14CO-2 activity and gastric pH. Conclusion: We conclude that

some patients with liver cirrhosis have bacterial overgrowth in the proximal small intestine that contains species that can deconjugate bile salts, and that the bacterial overgrowth is probably associated with the shift to alkaline pH in gastric juice.

L11 ANSWER 187 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 91
AN 1993:497474 BIOSIS
DN PREV199396121481
TI Intestinal bile acid malabsorption in cystic fibrosis.
AU O'Brien, S. O.; Mulcahy, M.; Fenlon, H.; O'Broin, A.; Casey, M.; Burke, A.; Fitzgerald, M. X.; Hegarty, J. E. (1)
CS (1) Liver Unit, St. Vincent's Hosp., Elm Park, Dublin 4 Ireland
SO Gut, (1993) Vol. 34, No. 8, pp. 1137-1141.
ISSN: 0017-5749.
DT Article
LA English
AB This study aimed at examining the mechanisms participating in excessive faecal bile acid loss in cystic fibrosis. The study was designed to define the relation between faecal fat and faecal bile acid loss in patients with and without cystic fibrosis related liver disease; to assess terminal ileal bile acid absorption by a seven day whole body retention of selenium labelled homotaurocholic acid (SeHCAT); and to determine if ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** contributes to faecal bile acid loss. The study population comprised 40 patients (27 men; median age 18 years) with cystic fibrosis (n=8) and without (n=32) liver disease and eight control subjects. Faecal bile acid excretion was significantly higher in cystic fibrosis patients without liver disease compared with control subjects (mean (SEM) 21.5 (2.4) and 7.3 (1.2) umol/kg/24 hours respectively; p lt 0.01) and patients with liver disease (7.9 (1.3) umol/kg/24 hours; p lt 0.01). No correlation was found between faecal fat (g fat/24 hours) and faecal bile acid (umol/24 hours) excretion. Eight (33%) of cystic fibrosis patients had seven day SeHCAT retention lt 10% (normal retention gt 20%). SeHCAT retention in cystic fibrosis patients with liver disease was comparable with control subjects (30.0 (SEM) 8.3% v 36.8 (5.9)%; p=NS) while SeHCAT retention in cystic fibrosis patients who did not have liver disease was significantly reduced (19.9 (3.8); p lt 0.05). Although evidence of small bowel bacterial overgrowth was present in 40% of patients no relation was round between breath hydrogen excretion, faecal fat, and faecal bile acid loss. The results are consistent with the presence of an abnormality in terminal ileal function in patients with cystic fibrosis who do not have liver disease and that a defect in the ileal absorption of bile acids may be a contributory factor to excessive faecal bile acid loss. Faecal bile acid loss in cystic fibrosis is unrelated to the presence of intraluminal fat or intestinal bacterial overgrowth.

L11 ANSWER 188 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 92
AN 94011070 EMBASE
DN 1994011070
TI ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in patients with rheumatoid arthritis.
AU Lewis S.J.; Henriksson A.E.K.; Blomquist L.; Uribe A.
CS Department of Medicine, Bristol Royal Infirmary,Bristol BS2 8HW, United Kingdom

SO Annals of the Rheumatic Diseases, (1993) 52/12 (895).
ISSN: 0003-4967 CODEN: ARDIAO
CY United Kingdom
DT Journal; Note
FS 031 Arthritis and Rheumatism
048 Gastroenterology
LA English

L11 ANSWER 189 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 94:24512 SCISEARCH
GA The Genuine Article (R) Number: MN284
TI ***SMALL*** - ***INTESTINAL*** ***BACTERIAL***
OVERGROWTH IN PATIENTS WITH RHEUMATOID-ARTHRITIS - REPLY
AU HENRIKSSON A E K (Reprint); BLOMQUIST L; URIBE A
CS KAROLINSKA HOSP, DEPT RHEUMATOL, S-10401 STOCKHOLM, SWEDEN (Reprint);
KAROLINSKA HOSP, DEPT INTERNAL MED, GASTROENTEROL UNIT, STOCKHOLM, SWEDEN;
UPPSALA UNIV HOSP, DEPT INTERNAL MED, GASTROENTEROL & HEPATOL SECT,
S-75185 UPPSALA, SWEDEN
CYA SWEDEN
SO ANNALS OF THE RHEUMATIC DISEASES, (DEC 1993) Vol. 52, No. 12, pp. 895.
ISSN: 0003-4967.
DT Letter; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 4

L11 ANSWER 190 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 93
AN 1993:385959 BIOSIS
DN PREV199396061259
TI New non-invasive test of gastric acid secretion for use in children.
AU Thomas, J. E. (1); Eastham, E. J.; Weaver, L. T.
CS (1) MRC Dunn Nutrition Unit, Downham's Lane, Milton Rd., Cambridge CB4 1XJ
UK
SO Gut, (1993) Vol. 34, No. 6, pp. 738-741.
ISSN: 0017-5749.
DT Article
LA English
AB Loss of the gastric acid barrier may lead to recurrent enteric infections,
small ***intestinal*** ***bacterial*** ***overgrowth***
, persistent diarrhoea, and thus malnutrition. To investigate this
possibility, a new, non-invasive test of gastric acid secretion was
developed ideal for field use in the developing world, where chronic
diarrhoea and undernutrition are common. The test relies on the capacity
of the kidney to retain H+ during gastric acid secretion, leading to a
postprandial urine 'alkaline tide'. Gastric intubation studies of seven
healthy adult volunteers showed a direct relation between changes in
gastric acid secretion and changes in urine acid output (measured as the
H+/creatinine molar ratio in spot urine samples). Subjects who secreted
gastric acid in response to stimulation with a sham feed showed a fan in
urine acid output gt 0.5 mmol H+/mmol creatinine (range -7.4 to -1.52 mean
-1.12). The most reproducible decrease in urine acid output in response to
normal food was observed around the time breakfast was usually eaten and
was abolished by 36 hours of treatment with ranitidine. Breakfast time
reductions in postprandial urine acid output in 22 healthy English

children were comparable with those in healthy adults, and significantly different from values in achlorhydric adults. They were much more variable, however, in 106 Gambian children in whom values spanned both normochlorhydric and achlorhydric ranges (-2.7 to +1.8). Measuring changes in urine acid output at breakfast time provides a reliable indirect measure of gastric acid secretion that can be used in field conditions, enabling the relation between gastric acid output and the development of diarrhoeal diseases to be investigated.

L11 ANSWER 191 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 94
AN 1993:333300 BIOSIS
DN PREV199345028025
TI Urinary choloyl-PABA test: A new non-invasive method for diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth***
AU Bardhan, P. K.; Kogon, M.; Feger, A.; Vogtlin, J.; Beglinger, C.; Gyr, K.
CS Dep. Gastroenterology, Univ. Hosp., Basel Switzerland
SO Gastroenterology, (1993) Vol. 104, No. 4 SUPPL., pp. A663.
Meeting Info.: 94th Annual Meeting of the American Gastroenterological Association Boston, Massachusetts, USA May 15-21, 1993
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 192 OF 286 MEDLINE
AN 93276525 MEDLINE
DN 93276525 PubMed ID: 8503162
TI Exocrine pancreatic insufficiency.
AU Batt R M
CS Department of Small Animal Medicine and Surgery, Royal Veterinary College, University of London, Hertfordshire, England.
SO VETERINARY CLINICS OF NORTH AMERICA. SMALL ANIMAL PRACTICE, (1993 May) 23 (3) 595-608. Ref: 56
Journal code: 7809942. ISSN: 0195-5616.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199306
ED Entered STN: 19930716
Last Updated on STN: 19930716
Entered Medline: 19930629
AB EPI in dogs represents a well-defined condition that can now be diagnosed simply by the analysis of a single serum sample for TLI. A low TLI concentration represents a highly sensitive and specific test for EPI and may also predict the development of disease before the onset of clinical signs. A lack of pancreatic enzymes results in interference with degradation of the major dietary constituents, and there are secondary changes in the small intestine including a decreased synthesis of enterocyte proteins; bacterial overgrowth in the proximal intestine (***SIBO***); and malabsorption of vitamins, including cobalamin. Management with uncoated pancreatic extract and a low-fat, high-quality

protein diet fed in small, divided meals should be effective in most cases. In animals showing a poor response, additional treatment may be necessary with long-term oral antibiotic for ***SIBO*** and H2-receptor blockers before a meal to inhibit acid secretion and minimize degradation of pancreatic extract. Diagnosis of the relatively rare cases of EPI in cats is best achieved by analysis of fecal trypsin by the use of specific substrates until a TLI test becomes readily available, and management should follow similar principles to those established for dogs. The major question for the future is the underlying cause of pancreatic acinar atrophy in dogs, particularly the relative importance of genetic and environmental factors. This information may allow detection and elimination of a genetic abnormality by selective breeding or prophylactic treatment that would prevent the development of the disease.

L11 ANSWER 193 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 95
AN 1993:455804 BIOSIS
DN PREV199396100704
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth in patients with rheumatoid arthritis.
AU Henriksson, A. E. Kenneth (1); Blomquist, L.; Nord, C.-E.; Midtvedt, T.; Uribe, A.
CS (1) Dep. Rheumatology, Karolinska Hosp., S-104 01 Stockholm Sweden
SO Annals of the Rheumatic Diseases, (1993) Vol. 52, No. 7, pp. 503-510. ISSN: 0003-4967.
DT Article
LA English
AB Objectives: To examine the microflora of the upper small intestine in patients with seropositive rheumatoid arthritis (RA) using a combination of microbial cultivation and tests for microbial metabolic activity. Methods: Twenty-five patients with seropositive RA, 12 achlorhydric control subjects, and 11 control subjects with normal gastric acid secretion were investigated. Disease activity was evaluated in the patients with RA by three different indices. Eight (32%) of the patients with RA had hypochlorhydria or achlorhydria. The acid secretory capacity was determined with pentagastrin stimulation. A modified Crosby capsule was used to obtain biopsy specimens and samples of intestinal fluid from the proximal jejunum; aerobic and anaerobic microbial cultivation of mucosal specimens/intestinal fluid was carried out, and gas production and microflora associated characteristics in jejunal fluid were determined. Additionally, a bile acid deconjugation breath test was performed. Results: Subjects with at least one of the following findings were considered to have bacterial overgrowth: positive bile acid deconjugation test; growth of Enterobacteriaceae; positive gas production; or low tryptic activity. By these criteria half of the patients with RA with hypochlorhydria or achlorhydria and half of the achlorhydric controls had bacterial overgrowth. Thirty-five percent of the patients with RA with not normal gastric acid secretion had bacterial overgrowth compared with none of the normal controls. Disease activity indices and rheumatoid factor titres were significantly higher in patients with RA with bacterial overgrowth than in those without. Conclusions: A high frequency of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** was found in patients with RA; it was associated with a high disease activity and observed in patients with hypochlorhydria or achlorhydria and in those with normal acid secretion.

L11 ANSWER 194 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 96
AN 93134392 EMBASE
DN 1993134392
TI Small bowel wall function in patients with advanced liver cirrhosis and portal hypertension: Studies on permeability and luminal bacterial overgrowth.
AU Bac D.-J.; Swart G.R.; Van Den Berg J.W.O.; Wilson J.H.P.
CS Department of Internal Medicine II, Univ Hospital Rotterdam-Dijkzigt,3015 GD Rotterdam, Netherlands
SO European Journal of Gastroenterology and Hepatology, (1993) 5/5 (383-387). ISSN: 0954-691X CODEN: EJGHES
CY United Kingdom
DT Journal; Article
FS 004 Microbiology
048 Gastroenterology
LA English
SL English
AB Objective: Changes in small bowel function could contribute to the complications of cirrhosis including malnutrition, infection and encephalopathy. To evaluate small bowel function, we studied intestinal permeability and luminal bacterial overgrowth in patients with cirrhosis of the liver and portal hypertension. Design: The (14C)-glycocholic acid breath test was used to evaluate the presence of bacterial overgrowth and urine excretion of orally ingested 51Cr-EDTA was used to measure intestinal permeability. Intestinal clearance of .alpha.-1-antitrypsin and faecal blood loss were also measured. Setting: Gastroenterology and hepatology unit of a university hospital. Patients: A total of 18 patients were studied. Results: No evidence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** or increased permeability of the small bowel was found. However, 28% of the patients had increased faecal blood loss. Conclusions: Although the number of patients investigated was small, our data suggest that small bowel function is maintained to a large extent in patients with advanced liver cirrhosis and portal hypertension.

L11 ANSWER 195 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 97
AN 1994:63166 BIOSIS
DN PREV199497076166
TI ***Small*** ***Intestinal*** ***Bacterial*** ***Overgrowth*** in Seven Dogs with Gastrointestinal Signs.
AU Westermarck, E. (1); Siltanen, R.; Maijala, R.
CS (1) Department Medicine, College Veterinary Medicine, P.O. Box 6, SF-00581 Helsinki Finland
SO Acta Veterinaria Scandinavica, (1993) Vol. 34, No. 3, pp. 311-314. ISSN: 0044-605X.
DT Article
LA English

L11 ANSWER 196 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 98
AN 1993:310773 BIOSIS
DN PREV199345017298
TI Bacterial populations contaminating the upper gut in the ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** syndrome

(SIBOS.
AU Bouhnik, Y. (1); Alain, S.; Flourie, B. (1); Bisetti, N. (1); Raskine, L.; Sanson, M. J.; Rambaud, J. C. (1)
CS (1) Serv. Gastroenterol., Hop. St.-Lazare, 75010 Paris France
SO Gastroenterology, (1993) Vol. 104, No. 4 SUPPL., pp. A237.
Meeting Info.: 94th Annual Meeting of the American Gastroenterological Association Boston, Massachusetts, USA May 15-21, 1993
ISSN: 0016-5085.
DT Conference
LA English

L11 ANSWER 197 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 93063046 EMBASE
DN 1993063046
TI Erratum: ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** and protein-losing enteropathy in an infant with AIDS (J Pediatr Gastroenterol Nutr 15 (452- 454)).
AU Jain A.; Reif S.; O'Neil K.; Gandhi A.; Rossi T.
SO Journal of Pediatric Gastroenterology and Nutrition, (1993) 16/2 (229).
ISSN: 0277-2116 CODEN: JPGND6
CY United States
DT Journal; Errata
FS 048 Gastroenterology
LA English

L11 ANSWER 198 OF 286 CAPLUS COPYRIGHT 2003 ACS DUPLICATE 99
AN 1993:174121 CAPLUS
DN 118:174121
TI Vaporization processes of borosilicate coatings studied by high temperature mass spectrometry and using an induction plasma generator
AU Stolyarova, V. L.; Archakov, I. Yu.; Gordeev, A. N.; Yakushin, M. I.; Shultz, M. M.
CS Inst. Silicate Chem., St. Petersburg, 199155, Russia
SO Rapid Communications in Mass Spectrometry (1993), 7(2), 127-31
CODEN: RCMSEF; ISSN: 0951-4198
DT Journal
LA English
AB A new approach has been applied to study processes which take place during the thermochem. action of air (or other) plasma on heat-protection materials. Vaporization processes of the borosilicate coating on Buran's heat-protective tiles, both the initial state and after re-entry simulation testing (.ltoreq.100 landings), were investigated by the Knudsen mass spectrometric effusion method. Modeling of the thermochem. action of the shock-layer plasma onto the front surfaces of real-scale tiles was carried out using a 500 kW induction plasma generator. The thermochem. action of the plasma causes, essentially, a decrease of vapor pressure over the coating. However, despite this decrease, the pressures obsd. are significantly higher than those over the SiO2-B2O3 system at the same temp., due to gas-phase SiO prodn. by reaction between boron and silicon oxides and SiB4, which are contained in the coating. The data available enable the presence of the ***SiBO*** mol. in the gas phase to be postulated. Data on mass-loss rates obtained by direct measurements after re-entry simulation compared well with the values calcd. from mass spectrometric data. It is suggested that the difference obsd. is caused by thermochem. action of at. oxygen on the coating.

L11 ANSWER 199 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 100
AN 1993:485080 BIOSIS
DN PREV199396118680
TI Breath hydrogen excretion in patients with alcoholic liver disease: Evidence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Bode, C. (1); Kolepke, R.; Schaefer, K.; Bode, J. C.
CS (1) Dep. Intern. Med. 1, Gastroenterol., Robert-Bosch-Krankenhaus, Auerbachstrasse 110, W-7000 Stuttgart 50/Bundesrepublic Deutschland
SO Zeitschrift fuer Gastroenterologie, (1993) Vol. 31, No. 1, pp. 3-7. ISSN: 0044-2771.
DT Article
LA English
SL English; German
AB The hydrogen breath test has been used to investigate the incidence of small-bowel bacterial overgrowth in 45 chronic alcoholics and in 60 controls with no history of alcohol abuse. In the group of patients with alcoholic liver disease, the percentage of cases with bacterial overgrowth was almost three times (37.8%) that of controls not abusing alcohol (13.3%; p lt 0.001). A separate evaluation of alcoholics with cirrhosis in comparison with those without cirrhosis, revealed no significant difference in the incidence of bacterial overgrowth (42.9% and 33.3%; p gt 0.05). Some 16.7% of the controls and 8.9% of the patients with alcoholic liver disease were classified as "nonexcreters". Among patients with alcoholic liver disease, the mouth-to-caecum transit time was prolonged by 21.5% in comparison with the controls not abusing alcohol (p lt 0.025). The results suggest that bacterial overgrowth might contribute to the functional and/or morphological abnormalities of the small intestine commonly found in patients with chronic alcohol abuse.

L11 ANSWER 200 OF 286 USPATFULL
AN 92:94251 USPATFULL
TI Packed assembly of roll-form photographic light-sensitive materials
IN Akao, Mutsuo, Kanagawa, Japan
Sugii, Tatsuo, Kanagawa, Japan
Osanai, Hiroyuki, Kanagawa, Japan
Inoue, Koji, Kanagawa, Japan
PA Fuji Photo Film Co., Ltd., Kanagawa, Japan (non-U.S. corporation)
PI US 5163556 19921117
AI US 1990-576946 19900904 (7)
PRAI JP 1989-U103775 19890904
DT Utility
FS Granted
EXNAM Primary Examiner: Gehman, Bryon P.
LREP Burns, Doane, Swecker & Mathis
CLMN Number of Claims: 2
ECL Exemplary Claim: 1
DRWN 32 Drawing Figure(s); 9 Drawing Page(s)
LN.CNT 682
AB A packed assembly of roll-form photographic light-sensitive materials comprising a substantially disk-shaped supporting member fixed to a pallet. The supporting member has a concave portion near the center thereof. An assembly of roll-form photographic light-sensitive materials

is placed on the supporting member in a piled state, a central post inserted into the assembly through the cores of the photographic light-sensitive materials and is fixed to the concave portion of the supporting member at the lower end and to a flange cap at the upper end, and a light-shielding material is closely place around the assembly in a light-tight state.

L11 ANSWER 201 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 101
AN 1992:531572 BIOSIS
DN BR43:117272
TI OUR CLINICAL EXPERIENCE WITH HYDROGEN BREATH TEST.
AU HERSZENYI L; MISKOLCZI K; TOLNAY E; SZALAY L; FEHER J
CS BUDAPEST, PF. 277 1444.
SO Orv. Hetil., (1992) 133 (39), 2483-2487.
CODEN: ORHEAG. ISSN: 0030-6002.
FS BR; OLD
LA Hungarian

L11 ANSWER 202 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 102
AN 1993:5645 BIOSIS
DN PREV199395005645
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth and enhanced intestinal permeability in healthy beagles.
AU Batt, Roger M. (1); Hall, Edward J.; McLean, Lynn; Simpson, Kenneth W. (1)
CS (1) Dep. Small Animal Med. Surgery, Royal Vet. Coll., Univ. London, Hawkshead Lane, North Mymms, Hertfordshire, AL9 7TA UK
SO American Journal of Veterinary Research, (1992) Vol. 53, No. 10, pp. 1935-1940.
ISSN: 0002-9645.
DT Article
LA English
AB The small intestine of healthy adult Beagles was examined to determine whether subclinical abnormalities might exist that would be relevant to the use of Beagles in pharmacologic studies. Duodenal juice was obtained for qualitative and quantitative bacteriologic examinations; jejunal mucosa was taken for morphologic and biochemical investigation, and intestinalpermeability was assesses by quantification of 24-hour urinary excretion of 51Cr-labeled EDTA after its oral administration. Comparisons were made with findings in healthy adult dogs of other breeds that served as controls. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** was found in 14 of the 21 Beagles examined, and represented a mixed flora that included obligate anaerobic bacteria in 8 dogs and exclusively aerobic bacteria in 6 dogs. Intestinal permeability (percentage urinary recovery of 51Cr-labeled EDTA; mean +- SEM) was considerably higher (P lt 0.01) in Beagles with anaerobic overgrowth (37.6 +- 3.2%) or aerobic overgrowth (30.5 +- 4.8%), compared with Beagles with no overgrowth (17.3 +- 1.6%) and with controls (11.1 +- 1.0%). In Beagles, significant (r = 0.54, P = 0.03) correlation was observed between 24-hour urinary recovery of 51Cr-labeled EDTA and bacterial numbers in duodenal juice. Morphologic changes in jejunal mucosa were minimal, and specific activities of brush border enzymes were not significantly decreased, apart from aminopeptidase N, but activities of lysosomal and endoplasmic

reticular marker enzymes were higher in the 3 groups of Beagles with anaerobic, aerobic, or no overgrowth, compared with controls. These findings indicate that apparently healthy Beagles can have bacterial overgrowth in the proximal portion of the small intestine, which is associated with enhanced intestinal permeability and may not be suspected by clinical examination or routine histologic examination of mucosa.

L11 ANSWER 203 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 1992:649450 CAPLUS
DN 117:249450
TI Degradation of endogenous bacterial cell wall polymers by the muralytic enzyme mutanolysin prevents hepatobiliary injury in genetically susceptible rats with experimental intestinal bacterial overgrowth
AU Lichtman, S. N.; Okoruwa, E. E.; Keku, J.; Schwab, J. H.; Sartor, R. B.
CS Dep. Pediat., Univ. North Carolina, Chapel Hill, NC, 27599-7220, USA
SO Journal of Clinical Investigation (1992), 90(4), 1313-22
CODEN: JCINAO; ISSN: 0021-9738
DT Journal
LA English
AB Jejunal self-filling blind loops with subsequent small bowel bacterial overgrowth (SBBO) induce hepatobiliary injury in genetically susceptible Lewis rats. Lesions consist of portal tract inflammation, bile duct proliferation, and destruction. To det. the pathogenesis of SBBO-induced hepatobiliary injury, Lewis rats with SBBO were treated using several agents with different mechanisms of activity. Buffer treatment, ursodeoxycholic acid, prednisone, methotrexate, and cyclosporin A failed to prevent SBBO-induced injury as demonstrated by increased blood plasma aspartate aminotransferase (AST) and elevated histol. scores. Hepatic injury was prevented by mutanolysin, a muralytic enzyme whose only known activity is to split the .beta.-1-4-N-acetylmuramyl-N-acetylglucosamine linkage of peptidoglycan-polysaccharide (PG-PS), a bacterial cell wall polymer with potent inflammatory and immunoregulatory properties. Mutanolysin therapy that started on the day when blind loops were surgically created and continued for 8 wk diminished AST and liver histol. scores compared to buffer-treated rats. Mutanolysin treatment that started during the early phase of hepatic injury, 16-21 days after surgery, decreased AST in 7 of 11 rats in contrast to increased AST in 9 of 11 buffer-treated rats. Mutanolysin did not change total bacterial nos. within the loop, eliminate Bacteroides sp., have in vitro antibiotic effects, or diminish mucosal PG-PS transport. Mutanolysin prevented the elevation of plasma anti-PG antibodies and tumor necrosis factor-.alpha. (TNF.alpha.) levels which occurred in buffer-treated rats with SBBO, and decreased TNF.alpha. prodn. in isolated Kupffer cells stimulated in vitro with PG-PS. The preventive and therapeutic activity of this highly specific muralytic enzyme suggests that systemic uptake of PG-PS derived from endogenous enteric bacteria contributes to hepatobiliary injury induced by SBBO in susceptible rat strains.

L11 ANSWER 204 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 103
AN 1993:36374 BIOSIS
DN PREV199344013224
TI ***Small*** ***intestinal*** ***bacterial***
overgrowth and protein-losing enteropathy in an infant with AIDS.
AU Jain, A.; Reif, S.; O'Neil, K.; Gandhi, A.; Rossi, T. (1)

CS (1) Div. Gastroenterol. Nutr., Children's Hosp. at Buffalo, 219 Bryant St., Buffalo, NY 14222, U.S.A
SO Journal of Pediatric Gastroenterology and Nutrition, (1992) Vol. 15, No. 4, pp. 452-454.
ISSN: 0277-2116.
DT Article
LA English

L11 ANSWER 205 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 104
AN 1992:474449 BIOSIS
DN BA94:105824
TI COMPARISON OF THE PROPORTION OF UNCONJUGATED TO TOTAL SERUM CHOLIC ACID AND THE CARBON-14 XYLOSE BREATH TEST IN PATIENTS WITH SUSPECTED ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH***
.
AU EINARSSON K; BERGSTROM M; EKLOF R; NORD C E; BJORKHEM I
CS DEP. MED., HUDDINGE UNIV. HOSP., S-141 86 HUDDINGE, SWED.
SO SCAND J CLIN LAB INVEST, (1992) 52 (5), 425-430.
CODEN: SJCLAY. ISSN: 0036-5513.
FS BA; OLD
LA English
AB The proportion of unconjugated to total cholic acid in fasting serum and the 1-gram [14C]-xylose breath test were determined in 36 patients with suspected bacterial overgrowth of the small intestine. Twenty-two patients had an abnormal [14C]-xylose breath test, indicating bacterial overgrowth. The proportion of unconjugated to total cholic acid was significantly higher in the patients with an abnormal breath test compared with those displaying a normal breath test (47 .+-. 5% vs 16 .+-. 3%). A good correlation was obtained between the proportion of unconjugated to total cholic acid and the breath test ($r = 0.63$, $n = 36$). Provided the [14C]-xylose breath test is reliable as a test of bacterial overgrowth, determination of the proportion of unconjugated to total cholic acid in fasting serum had a sensitivity of 73% and a specificity of 94%. It is suggested that determination of the proportion of unconjugated to total cholic acid in peripheral venous blood may be useful as a simple screening test for detection of bacterial contamination of the upper small intestine provided the patients do not have bile acid malabsorption.

L11 ANSWER 206 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 105
AN 1993:142428 BIOSIS
DN PREV199395075228
TI The clinical importance of hypochlorhydria: A consequence of chronic Helicobacter infection: Its possible etiological role in mineral and amino acid malabsorption, depression, and other syndromes.
AU Cater, R. E. Ii
CS 4403 Manchester Ave. 107, Encinitas, CA 92024 USA
SO Medical Hypotheses, (1992) Vol. 39, No. 4, pp. 375-383.
ISSN: 0306-9877.
DT Article
LA English
AB In a previous paper evidence was presented to show that Helicobacter-induced chronic gastritis is the probable cause of most chronic hypochlorhydria. In this article evidence is presented for the

clinical relevance stomach acid secretion. Reduced mineral absorption is fairly well documented and has sound theoretical support from basic chemistry. Impaired digestion of protein has been suggested by a few studies. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** in hypochlorhydria probably leads to putrefective breakdown of the metobolically useful products of protein digestion, thereby reducing their availability or certain essential pathways. The possible lowering of tryptophan, tyrosine, and phenylalanine in the blood may be a precipitating factor in depression in hypochlorhydric patients. In reduced or absent stomach acid secretion a constellation of gastrointestinal symptoms has been consistently observed and reported by clinicians in the past, and treatment of the hypochlorhydria with hydrochloric acid or its substitutes has often been observed to be effective in reducing these symptoms.

L11 ANSWER 207 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 106
AN 1992:281884 BIOSIS
DN BA94:6534
TI DIAGNOSIS AND MANAGEMENT OF MALABSORPTION IN DOGS.
AU BATT R M
CS DEP. SMALL ANIM. MED. SURGERY, ROYAL VET. COLL., UNIV. LONDON, NORTH MYMMS, HATFIELD, HERTFORDSHIRE AL9 7TA.
SO J SMALL ANIM PRACT, (1992) 33 (4), 161-166.
CODEN: JAPRAN. ISSN: 0022-4510.
FS BA; OLD
LA English
AB Malabsorption can result from interference with either the degradation or absorption phases in the handling of dietary constituents and represents an important cause of weight loss and diarrhoea in dogs. Effective treatment depends on identification and understanding of the underlying disease which could affect the functional capacity of the exocrine pancreas or small intestine. Exocrine pancreatic insufficiency (EPI) can be identified by a low concentration of trypsin-like immunoreactivity in serum and results in serious malabsorption due to interference with degradation of carbohydrate, protein and fat. Treatment with oral pancreatic extract complemented by a low fat, high quality protein diet, is effective in many cases. Refractory cases may need additional treatment with an oral antibiotic for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***), and H2-receptor blockers to help prevent denaturation of the pancreatic extract by stomach acid. The pancreas plays a key role in the normal absorption of cobalamin (vitamin B12) in dogs and malabsorption of cobalamin in EPI may not resolve with treatment so that cobalamin may need to be given parenterally. Small intestinal disease may result in interference with the number or functioning of individual enterocytes, in some cases accompanied by cellular infiltration of the mucosa. Diagnosis depends on indirect assessment of intestinal damage, for example by assay of serum vitamins and determination of intestinal absorption and permeability, and in selected cases followed by endoscopic examination, intestinal biopsy and culture of duodenal juice. Treatment depends on the disease and may include oral antibiotic for ***SIBO*** and immunosuppressive drugs for infiltrative disease. Dietary management is also important, for example with a restricted fat diet containing highly digestible carbohydrate and high quality protein, and when a dietary sensitivity is suspected a

restriction diet of a selected protein source may be needed.

L11 ANSWER 208 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 107
AN 92:34500 CABA
DN 922264124
TI A preliminary assessment of post prandial unconjugated bile acids in serum of cats with chronic diarrhoea and vomiting
AU Muir, P.; Gruffydd-Jones, T. J.; Harbour, D. A.
CS Department of Veterinary Clinical Sciences, University of Sydney, New South Wales 2006, Australia.
SO Veterinary Record, (1992) Vol. 130, No. 6, pp. 119-121. 28 ref.
ISSN: 0042-4900
DT Journal
LA English
AB Increases in serum unconjugated bile acid concentrations have recently been shown to be diagnostic for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in man. Similar increases in serum unconjugated bile acids were detected in 3 of 9 cats with chronic diarrhoea and vomiting.

L11 ANSWER 209 OF 286 CABA COPYRIGHT 2003 CABI
AN 92:103762 CABA
DN 921449715
TI Microbial gas formation in the intestine of monogastrics. Part 2. Pulmonary excretion of hydrogen and methane
Mikrobielle Gasbildung im Intestinaltrakt von Monogastriern. Teil 2: Pulmonale Ausscheidung von Wasserstoff und Methan
AU Zentek, J.
CS Institut fur Tierernahrung, Tierarztliche Hochschule Hannover, Bischofsholer Damm 15, 3000 Hannover 1, Germany.
SO Ubersichten zur Tierernahrung, (1992) Vol. 20, No. 1, pp. 91-121. 91 ref.
DT Journal
LA German
SL English
AB A review. Microbial gases are partially absorbed from the gastrointestinal tract and excreted by the lungs. Determining factors are intensity of intestinal gas formation, diffusion rates, countercurrent exchange between afferent and efferent vessels in the villus tip, and perfusion of the mucosa, respectively. In human medicine formation of hydrogen and methane is thought to occur mainly in the colon under physiological conditions, while the small intestine is involved in pathological bacterial excess. In studies on dogs breath hydrogen was mainly derived from the small intestine under physiological conditions, while in other species this question remains open. Hydrogen breath test may be used to examine different feeds and foods, and as a diagnostic tool in digestive disorders leading to increased activity of microflora in the small intestine. In man, bacterial fermentation of certain carbohydrates (lactose, lactulose, xylose, raffinose, stachyose, and hemicelluloses) stimulate H2-exhalation. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** (idiopathic, pancreas insufficiency, enzyme deficiencies) may lead to increased H2-production. CH4-formation seems to be determined mainly genetically in man, and is largely independent of nutrition. In dogs, postprandial H2-exhalation is stimulated by intake of animal protein (slaughter offals, meat), while plant proteins (soya, wheat gluten) and carbohydrates influence H2-excretion only slightly. In horses mixed feeds

(hay/oats) or oats increased H2- and CH4-exhalation compared with hay only; in pigs pectins may increase concentrations of microbial gases in breath. Diagnostic applications in veterinary medicine were evaluated in only a few studies, but indications are similar to those described in man.

L11 ANSWER 210 OF 286 MEDLINE DUPLICATE 108
AN 1998390517 MEDLINE
DN 98390517 PubMed ID: 9723075
TI [Patients with liver cirrhosis: mouth-cecum transit time and gastric emptying of solid foods].
Pacientes con cirrosis hepatica: tiempo de transito boca-ciego y vaciamiento gastrico de solidos.
AU Chesta J; Lillo R; Defilippi C; Jouanee E; Massone M A; Maulen M; Zavala A
CS Centros de Gastroenterologia y Medicina Nuclear, Hospital Clinico de la Universidad de Chile, Santiago, Chile.
SO REVISTA MEDICA DE CHILE, (1991 Nov) 119 (11) 1248-53.
Journal code: 0404312. ISSN: 0034-9887.
CY Chile
DT Journal; Article; (JOURNAL ARTICLE)
LA Spanish
FS Priority Journals
EM 199809
ED Entered STN: 19980917
Last Updated on STN: 19980917
Entered Medline: 19980910
AB As altered gastrointestinal motility could be involved in the pathogenesis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** observed in liver cirrhosis, we investigated mouth to caecum transit time (MCTT) and solid meal gastric emptying (SMGE) in patients with cirrhosis. MCTT was estimated in 20 cirrhotics and 12 healthy controls using lactulose hydrogen breath test. SMGE was measured in 12 patients with cirrhosis and 27 controls by means of 99-m Tc-sulphur colloid labelling egg albumin and gamma scintigraphy. T1/2 and percentage of marker remaining in stomach (MRS) at 60, 90, and 120 min were calculated. MCTT was prolonged in patients with cirrhosis (111 +/- 7 min) compared to controls (83 +/- 6 min; $p < 0.02$). No significant differences were demonstrated in SMGE t1/2 between controls (84 +/- 5 min) and cirrhotics (91 +/- 6 min). Also, MRS was similar in patients with cirrhosis and healthy controls at 60, 90 and 120 min. We conclude that MCTT is prolonged in patients with cirrhosis. In addition, our data suggest that pyloruscaecum component plays the main role in delaying orocaecal transit time in cirrhosis.

L11 ANSWER 211 OF 286 MEDLINE DUPLICATE 109
AN 93212173 MEDLINE
DN 93212173 PubMed ID: 1844365
TI [Bacterial overgrowth in small intestine in patients with liver cirrhosis].
Sobrecrecimiento bacteriano del intestino delgado en pacientes con cirrosis hepatica.
AU Chesta J; Silva M; Thompson L; del Canto E; Defilippi C
CS Centro de Gastroenterologia, Hospital Clinico, Santiago de Chile.
SO REVISTA MEDICA DE CHILE, (1991 Jun) 119 (6) 626-32.
Journal code: 0404312. ISSN: 0034-9887.
CY Chile

DT Journal; Article; (JOURNAL ARTICLE)
LA Spanish
FS Priority Journals
EM 199304
ED Entered STN: 19930514
Last Updated on STN: 19930514
Entered Medline: 19930429
AB Hepatic encephalopathy, bacterial infections and endotoxemia in cirrhotic patients have been related to colonic flora. However, an abnormal small bowel bacterial content could also be implied. We investigated small bowel bacterial overgrowth (***SIBO***) by jejunal cultures in 14 cirrhotic patients and 5 control subjects, and indirectly by the lactulose H2 breath test in 22 patients with cirrhosis and 12 controls. ***SIBO*** was demonstrated by cultures in 64% of cirrhotic patients and 1 of 5 controls. The breath test was positive for ***SIBO*** in 45% of patients with cirrhosis and 8% of controls. No differences were noted between patients with alcoholic and non-alcoholic liver disease. According to fasting H2 breath levels, ***SIBO*** was significantly correlated with the Child-Pugh score for hepatic function ($r = 0.45$; $p < 0.05$). Also, patients with positive criteria for ***SIBO*** in jejunal cultures had worse hepatic function in comparison to cirrhotics with normal jejunal bacterial counts ($p < 0.05$). Thus ***SIBO*** is frequent in patients with hepatic cirrhosis and is associated with impairment in hepatic function.

L11 ANSWER 212 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 91:288901 SCISEARCH
GA The Genuine Article (R) Number: FL215
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** IN THE ELDERLY - AN INCIDENTAL FINDING
AU MACMAHON M (Reprint); KELLY M; NUNES D; WEIR D G; OMOORE R R; WALSH J B; KEANE C T; COAKLEY D
CS ST JAMES HOSP, DEPT MED ELDERLY, DUBLIN 8, IRELAND; ST JAMES HOSP, DEPT GASTROENTEROL, DUBLIN 8, IRELAND; ST JAMES HOSP, DEPT MICROBIOL, DUBLIN 8, IRELAND
CYA IRELAND
SO GUT, (1991) Vol. 32, No. 5, pp. A596.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L11 ANSWER 213 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 110
AN 92:91293 CABA
DN 921448119
TI Fasting breath hydrogen, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and intestinal transit in coeliac disease
AU Nunes, D. P.; Kelly, C. P.; Nolan, N. P. M.; O'Connor, M. P.; Weir, D. G.
CS Department of Clinical Medicine, Trinity College Medical School, St James' Hospital, James' Street, Dublin 8, Irish Republic.
SO European Journal of Gastroenterology & Hepatology, (1991) Vol. 3, No. 4, pp. 313-319. 30 ref.
ISSN: 0954-691X
DT Journal
LA English

AB The glucose hydrogen breath test was used to screen for small intestine bacterial overgrowth (***SIBO***), and positive results were confirmed by quantitative small intestinal aspirate culture. 2 out of 25 untreated patients and 1 out of 30 patients on a gluten-free diet had ***SIBO*** . Bacterial overgrowth was not associated with any apparent clinical sequelae, and antibiotic therapy was not necessary. Coeliac patients with severe histological enteropathy had higher fasting breath hydrogen (FBH2) levels (17.0 p.p.m.) than coeliac patients with near normal histology, normal individuals or disease controls with ***SIBO*** (7.2, 9.7 and 8.2 p.p.m., P = 0.002, 0.01 and 0.003, respectively). ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** did not account for this increase in FBH2 levels, as significant differences remained when coeliac patients with ***SIBO*** were excluded from the analysis. There was no correlation between FBH2 and mouth-to-caecum transit time (lactulose hydrogen breath test). These findings show that ***SIBO*** and abnormal small intestinal motility do not explain the elevation of FBH2 in coeliac disease. Breath hydrogen concentrations correlated most closely with the severity of histological enteropathy and the presence of symptomatic diarrhoea.

L11 ANSWER 214 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1991:359186 BIOSIS
DN BR41:43701
TI UNCONJUGATED SERUM BILE ACID LEVELS IN ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** .
AU SALEMANS J M J I; NAGENGAST F M; TANGERMAN A; VAN SCHAIK A
CS DIV. GASTROINTESTINAL LIVER DIS., UNIV. HOSP. NIJMEGEN, NETHERLANDS.
SO 92ND ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION AND DIGESTIVE DISEASE WEEK, NEW ORLEANS, LOUISIANA, USA, MAY 19-22, 1991. GASTROENTEROLOGY. (1991) 100 (5 PART 2), A247.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 215 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 111
AN 1991:181215 BIOSIS
DN BA91:95964
TI RELATIVE IGA DEFICIENCY AND ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** IN GERMAN SHEPHERD DOGS.
AU BATT R M; BARNES A; RUTGERS H C; CARTER S D
CS DEP. SMALL ANIM. MED. SURG., ROYAL VET. COLL., HAWSHEAD LANE, NORTH MYMMS, HERTFORDSHIRE AL9 7TA, UK.
SO RES VET SCI, (1991) 50 (1), 106-111.
CODEN: RVTSA9. ISSN: 0034-5288.
FS BA; OLD
LA English
AB Serum immunoglobin concentrations and densities of IgA-producing immunocytes in intestinal mucosa were compared in a group of clinically healthy dogs of various breeds, a group of clinically healthy German shepherd dogs, and a group of German shepherds with bacterial overgrowth in the proximal small intestine. Serum concentrations of IgA, but not IgM or IgG, were significantly lower in the clinically healthy German shepherd dogs than in other purebreed and mixbreed dogs, indicating that production

of IgA by gut-associated lymphoid tissue might be relatively low in this breed. However, densities of IgA-producing cells were not significantly different comparing these two groups, suggesting that any impairment of mucosal IgA production is more likely to be related to defective synthesis or secretion of IgA than to reduced numbers of IgA-producing immunocytes. Comparable findings in German shepherd dogs with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** provided further indirect evidence that local immunity might be defective in this breed, since these luminal bacteria would be expected to stimulate mucosal IgA production. However, it is not clear whether such a defect is directly responsible for the overgrowth, or whether there is an indirect relationship between defective local immunity and bacterial overgrowth in German shepherd dogs.

L11 ANSWER 216 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 91:159450 SCISEARCH
GA The Genuine Article (R) Number: FC090
TI SMALL INTESTINAL INFECTIONS
AU JACYNA M R (Reprint)
CS NORTHWICK PK HOSP & CLIN RES CTR, WATFORD RD, HARROW HA1 3UJ, MIDDX, ENGLAND (Reprint)
CYA ENGLAND
SO CURRENT OPINION IN GASTROENTEROLOGY, (1991) Vol. 7, No. 1, pp. 75-79.
DT Article; Journal
FS CLIN
LA ENGLISH
REC No References Keyed
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB This year's literature on small intestinal infections places less emphasis on salmonella infections and more on parasitic infections. Several good papers also appeared on the diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (***SIBO***). Infections caused by Vibrio species are highlighted. The usefulness of electron microscopy in diagnosing microsporidial infection and in distinguishing Whipple's disease from other causes of granulomatous disorders is reviewed.

L11 ANSWER 217 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 91:398986 SCISEARCH
GA The Genuine Article (R) Number: FU852
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** AND BREATH HYDROGEN EXCRETION IN CELIAC-DISEASE
AU NUNES D (Reprint); KELLY C P; WEIR D G
CS UNIV DUBLIN TRINITY COLL, DEPT CLIN MED, DUBLIN 2, IRELAND; ST JAMES HOSP, DUBLIN 8, IRELAND
CYA IRELAND
SO IRISH JOURNAL OF MEDICAL SCIENCE, (1991) Vol. 160, No. 2, pp. 74.
DT Conference; Journal
FS CLIN
LA ENGLISH
REC No References Keyed

L11 ANSWER 218 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1991:472909 BIOSIS
DN BR41:98669

TI AN EVALUATION OF BREATH HYDROGEN TESTING IN THE DIAGNOSIS OF ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** .
AU KRISTENSEN M; HOECK H C
CS MED. DEP., RIBE HOSP., RIBE, DENMARK.
SO XXIV SCANDINAVIAN CONFERENCE ON GASTROENTEROLOGY AND XV SCANDINAVIAN MEETING ON GASTROINTESTINAL ENDOSCOPY, AALBORG, DENMARK, JUNE 5-8, 1991. SCAND J GASTROENTEROL SUPPL. (1991) 26 (183), 50.
CODEN: SJGSB8. ISSN: 0085-5928.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 219 OF 286 CABA COPYRIGHT 2003 CABI
AN 92:16944 CABA
DN 921441269
TI A pattern of breath hydrogen excretion suggesting small bowel bacterial overgrowth in Burmese village children
AU Pereira, S. P.; Khin-Maung-U; Bolin, T. D.; Duncombe, V. M.; Nyant-Nyunt-Wai; Myo-Khin; Linklater, J. M.
CS Khin-Maung-U, International Child Health Foundation, PO Box 1205, Columbia, MD 21044, USA.
SO Journal of Pediatric Gastroenterology and Nutrition, (1991) Vol. 13, No. 1, pp. 32-38. 28 ref.
ISSN: 0277-2116
DT Journal
LA English
AB Breath hydrogen tests were made on 340 Burmese village children 1 to 59 months old. Correction of breath H2 values to a constant mean oxygen value, eliminated variations in H2 due to sleep, storage temperature or duration of storage. After a 10-g lactulose test meal, 145 children produced H2 < 10mg/kg above basal values (non-H2 producers). Of 195 H2 producers, a pattern of breath H2 excretion suggesting ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** (recognized as a transient peak at the 20, 40 or 60 min breath samples following the lactulose test meal and distinguishable from the later colonic peak) was observed in 53, being more frequent in boys and showing an age-prevalence pattern similar to that of children with acute diarrhoea in the villages. Diarrhoea did not change the state of H2 production although the magnitude of peak breath H2 changed.

L11 ANSWER 220 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 112
AN 1991:178523 BIOSIS
DN BA91:93272
TI DUODENAL MUCOSAL MORPHOMETRY OF ELDERLY PATIENTS WITH ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** RESPONSE TO ANTIBIOTIC TREATMENT.
AU HABOUBI N Y; LEE G S; MONTGOMERY R D
CS DEP. GERIATRIC MED., MAELOR GEN. HOSP., WREXHAM, CLWYD. LL13 7TD.
SO AGE AGEING, (1991) 20 (1), 29-32.
CODEN: AANGAH. ISSN: 0002-0729.
FS BA; OLD
LA English
AB Microscopic changes in duodenal biopsy specimens from 16 elderly patients with small-bowel bacterial overgrowth were studied before and after

cyclical courses of antibiotic treatment, using computer-aided morphometry measurements as well as visual assessment. Twenty-three subjects in the same age group with no evidence of intestinal disorder were studied as controls. Mean villus height was significantly reduced in the pre-treatment study compared to the post-treatment measurements and those in controls. Similar significant differences were found in mean crypt-depth and total mucosal thickness. The mean intra-epithelial lymphocytes count was raised before treatment and fell after treatment to a level similar to that of the controls. The mean lymphocytes count in the peripheral blood rose significantly after treatment. This study provides objective evidence of microscopic structural changes in the bacterial overgrowth syndrome in old age. The return to normality after antibiotic treatment suggests that these changes are directly attributable to the presence of bacteria in the gut lumen.

L11 ANSWER 221 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 113
AN 1991:64217 BIOSIS
DN BR40:29572
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL***
OVERGROWTH IN SUBJECTS WITH CIRRHOSIS OF LIVER.
AU VERMA A; MERMALL H; SERLOVSKY R; IBER F L
CS DEP. NUCLEAR MED., HINES VA HOSP., LOYOLA UNIV., HINES, ILL.
SO 41ST ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES, CHICAGO, ILLINOIS, USA, NOVEMBER 3-6, 1990. HEPATOLOGY. (1990) 12 (4 PART 2), 993.
CODEN: HPTLD9. ISSN: 0270-9139.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 222 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 114
AN 1990:472845 BIOSIS
DN BA90:112265
TI BACTERIAL CONTAMINATION OF THE SMALL BOWEL EVALUATED BY BREATH TESTS SELENIUM-75-LABELLED HOMOCHOLIC-TAURO ACID AND SCANNING ELECTRON MICROSCOPY.
AU SUHR O; DANIELSSON A; HORSTEDT P; STENLING R
CS DEP. MED., SECT. GASTROENTEROLOGY, UNIVERSITY HOSP., S-901 85 UMEA, SWED.
SO SCAND J GASTROENTEROL, (1990) 25 (8), 841-852.
CODEN: SJGRA4. ISSN: 0036-5521.
FS BA; OLD
LA English
AB Eighty-one patients with diarrhoea due to suspected bacterial contamination of the small intestine were investigated with the bile acid breath test (BABT) and 75Se-labelled homocholic-acid (SeHCAT). The impact of bile acid malabsorption due to dysfunction of the terminal ileum on BABT was evaluated. The group of patients with abnormal BABT, notably the 6-h accumulated value, showed a high frequency of reduced SeHCAT values ($p < 0.01$), indicating that a reliable test for bile acid malabsorption is indispensable for interpreting the BABT in the investigation of ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** . The results of the 14C-D-xylose breath test were compared with the outcome of the combined SeHCAT-BABT in 44 patients. In contrast to

previous findings no correlation between the two breath tests was found. On the contrary, a significant negative correlation was encountered ($p < 0.01$) for patients in whom either breath test was abnormal. Scanning electron microscopy for demonstration of adherent microorganisms was included in the investigations. No correlations were found with the outcomes of the different breath tests. The effect of antibiotic treatment was evaluated with regard to symptoms and breath tests. The results of the investigation indicate that different tests are needed for the diagnosis of bacterial overgrowth of the small intestine, because of the different metabolic characteristics of the contaminating bacteria.

L11 ANSWER 223 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 115
AN 1990:415680 BIOSIS
DN BA90:76481
TI EFFECTS OF AN ENTERIC ANAEROBIC BACTERIAL CULTURE SUPERNATANT AND DEOXYCHOLATE ON INTESTINAL CALCIUM ABSORPTION AND DISACCHARIDASE ACTIVITY.
AU WALSHE K; HEALY M J; SPEEKENBRINK A B J; KEANE C T; WEIR D G; O'MOORE R R
CS DEP. BIOCHEM., CENT. PATHOL. LAB., ST. JAMES'S HOSP., DUBLIN 8.
SO GUT, (1990) 31 (7), 770-776.
CODEN: GUTTAK. ISSN: 0017-5749.
FS BA; OLD
LA English
AB Fifty two strains of anaerobic bacteria isolated from the upper gut of patients with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** were screened for phospholipase activity. Bacteroides melaninogenicus spp intermedius had the greatest activity. The effects of culture supernatants of this organism and deoxycholate on intestinal calcium absorption and disaccharidase activity were studied using a rat closed loop model. The supernatant decreased the in vitro uptake of calcium by 15% ($p < 0.001$). Deoxycholate reduced calcium uptake by 16% ($P < 0.001$). Combined culture supernatant and deoxycholate reduced calcium uptake by 39% ($p < 0.001$) suggesting a potentiation of supernatant activity by deoxycholate. Culture supernatant and deoxycholate, both alone and combined, significantly reduced lactase, sucrase, and maltase activity. Electron microscopic evidence showed degeneration of microvilli, disruption of mitochondrial structure, and swelling of the endoplasmic reticulum after exposure of the intestinal loops to the supernatant or deoxycholate.

L11 ANSWER 224 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1990:344818 BIOSIS
DN BR39:40079
TI GLUCOSE HYDROGEN BREATH TESTS IN THE ASSESSMENT OF INFECTIOUS COMPLICATIONS IN ALCOHOLIC LIVER CIRRHOSIS ALC.
AU ALLGAYER H; GUGLER R
CS MED. CLIN. I, KLINIKUM KARLSRUHE, KARLSRUHE, FRG.
SO ABSTRACTS OF PAPERS SUBMITTED TO THE AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES FOR THE 91ST ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION, SAN ANTONIO, TEXAS, USA, MAY 12-18, 1990. GASTROENTEROLOGY. (1990) 98 (5 PART 2), A565.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 225 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 116
AN 1990:133190 BIOSIS
DN BA89:72001
TI HEPATIC INFLAMMATION IN RATS WITH EXPERIMENTAL ***SMALL***
INTESTINAL ***BACTERIAL*** ***OVERGROWTH*** .
AU LICHTMAN S N; SARTOR R B; KEKU J; SCHWAB J H
CS DEPARTMENT PEDIATRICS, CB 7220, 310 BURNETT-WOMACK BLDG., UNIVERSITY NORTH CAROLINA CHAPEL HILL, CHAPEL HILL, NORTH CAROLINA 27599-7220.
SO GASTROENTEROLOGY, (1990) 98 (2), 414-423.
CODEN: GASTAB. ISSN: 0016-5085.
FS BA; OLD
LA English
AB Hepatobiliary inflammation and other extraintestinal manifestations accompany certain intestinal disorders, perhaps because of proliferation or enhanced transport of luminal bacteria or their phlogistic cell-wall components. Using jejunal self-filling blind loops to create small bowel bacterial overgrowth, we compared biochemical and histological evidence of hepatic inflammation in 3 rat strains chosen for their variable inflammatory responses to bacterial cell wall polymers. Lewis and Wistar rats developed weight loss, hepatomegaly, and hepatic inflammation 4 and 12 wk, respectively, after creation of SFBL. Plasma aspartate aminotransferase levels in Lewis rats 4 wk (578 .+-. 77 U/L) and Wistar rats 12 wk (220 .+-. 35 U/L) after-self filling blind loops were significantly greater than in rats with self-emptying blind loops (112 .+-. 24 U/L, $p < 0.001$; 104 .+-. 22, $p < 0.05$) or sham-operated Lewis (84 .+-. 24, $p < 0.001$) or Wistar (78 .+-. 10, $p < 0.001$) rats. Randomized comparison using a histology grading score showed abnormalities that paralleled aminotransferase values. Lewis and Wistar rats with self-filling blind loops had hepatic injury with bile duct proliferation, fibrosis and acute and chronic periportal and focal parenchymal inflammation. Lewis and Wistar rats with self-emptying blind loops developed occasional mild histologic lesions. 50% of Lewis rats with self-filling blind loops for 4 wk died compared with only 15% in other groups. However, Buffalo rats with self-filling blind loops developed no weight loss, hepatomegaly, or hepatic injury, Anaerobic cultures of blood, peritoneum and liver were negative in all strains. Diet-restricted, sham-operated Wistar rats with weights similar to the Wistar rats with self-filling blind loops did not develop histologic abnormalities or elevated aminotransferase levels (76 .+-. 31 U/L). These results show that experimental small bowel bacterial overgrowth causes significant hepatic inflammation leading to fibrosis in susceptible rat strains. Caloric deprivation and hepatic bacterial invasion are not etiologically responsible. We suggest that bacterial cell wall polymers or other bacterial toxins from the blind loop cause hepatic lesions in genetically susceptible hosts.

L11 ANSWER 226 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 117
AN 1990:156589 BIOSIS
DN BA89:84007
TI EFFECTS OF EXOCRINE PANCREATIC INSUFFICIENCY AND REPLACEMENT THERAPY ON THE BACTERIAL FLORA OF THE DUODENUM IN DOGS.
AU SIMPSON K W; BATT R M; JONES D; MORTON D B

CS DEP. VET. PATHOL., UNIV. LIVERPOOL, PO BOX 147, LIVERPOOL L69 3BX, UK.
SO AM J VET RES, (1990) 51 (2), 203-206.
CODEN: AJVRAH. ISSN: 0002-9645.
FS BA; OLD
LA English
AB The influence of pancreatic secretions on the bacterial flora of the small intestine in 6 dogs was investigated by determining effects of exocrine pancreatic insufficiency on numbers and types of bacteria in duodenal juice, and by examining the subsequent response to dietary supplementation with bovine pancreatic extract. Exocrine pancreatic insufficiency was induced by ligation of pancreatic ducts and was confirmed by indirect assessment of exocrine pancreatic function. Duct ligation was followed by large increases ($P < 0.01$) in total numbers of bacteria, reflecting increased numbers particularly of Lactobacillus spp and Streptococcus spp, in 3 dogs accompanied by obligate anaerobes. Total numbers of aerobes and anaerobes decreased markedly ($P < 0.05$) after supplmentation with bovine pancreatic extract to values that were not significantly different from those determined before duct ligation. Exocrine pancreatic insufficiency therefore resulted in ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** that was reversed by pancreatic replacement therapy, indicating that pancreatic secretions can have an important influence on the small intestinal bacterial flora of dogs.

L11 ANSWER 227 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 118
AN 1990:107495 BIOSIS
DN BA89:56986
TI ENHANCED INTESTINAL PERMEABILITY TO CHROMIUM-51-LABELED EDTA IN DOGS WITH SMALL INTESTINAL DISEASE.
AU HALL E J; BATT R M
CS DEP. VET. PATHOL., UNIV. LIVERPOOL, P.O. BOX 147, LIVERPOOL L69 3BX, UK.
SO J AM VET MED ASSOC, (1990) 196 (1), 91-95.
CODEN: JAVMA4. ISSN: 0003-1488.
FS BA; OLD
LA English
AB Intestinal permeability in dogs with small intestinal disease was measured by quantitation of 24-hour urinary excretion of 51Cr-labeled EDTA following intragastric administration. Permeability was high in dogs with a variety of naturally acquired small intestinal diseases including wheat-sensitive enteropathy of Irish Setters, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , and giardiasis, and permeability was decreased after successful treatment. These findings indicate that the assessment of intestinal permeability may be a useful technique for detecting small intestinal disease and for monitoring the efficacy of treatment in dogs.

L11 ANSWER 228 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 119
AN 1990:157055 BIOSIS
DN BA89:84473
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA.
AU SMITH G M; CHESNER I M; ASQUITH P; LEYLAND M J
CS DEP. HAEMATOL., ST. JAMES'S UNIV. HOSP., BECKETT ST., LEEDS LS9 7TF, ENGL.
SO J CLIN PATHOL (LOND), (1990) 43 (1), 57-59.

CODEN: JCPAAK. ISSN: 0021-9746.
FS BA; OLD
LA English
AB As part of a study to assess the possible contribution of lymphoid infiltration of the gastrointestinal mucosa to occult blood loss or malabsorption 20 patients with chronic lymphocytic leukaemia (CLL) had a lactulose hydrogen breath test. In 10 cases (50%) a small intestinal peak was detected, suggesting small bowel bacterial overgrowth, and this was confirmed in seven patients by the positive culture of jejunal aspirate. Of the patients with a positive hydrogen breath test, radiological examination showed a duodenal diverticulum in two but no anatomical abnormalities in the other cases. There was no evidence of achlorhydria and transit times were normal. There was no difference in the incidence of hypogammaglobulinaemia among those patients with evidence of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and those without. Seven patients with a positive hydrogen breath test, however, had undetectable secretory piece in their jejunal aspirates whereas this was present in all patients with a normal breath test who had local immunoglobulin concentrations measured ($p < 0.05$), indicating that the ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** may be due to impaired local immunity.

L11 ANSWER 229 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 120
AN 91:78498 CABA
DN 910873267
TI Ileal and jejunal absorptive function in patients with AIDS and enterococcidial infection
AU Kapembwa, M. S.; Bridges, C.; Joseph, A. E. A.; Fleming, S. C.; Batman, P.; Griffin, G. E.
CS Department of Communicable Diseases, St. George's Hospital Medical School, Cranmer Terrace, London SW17 0RE, UK.
SO Journal of Infection, (1990) Vol. 21, No. 1, pp. 43-53. 29 ref. ISSN: 0163-4453
DT Journal
LA English
AB Small intestinal absorptive function was investigated in 6 patients from the UK (4 Caucasian male homosexuals, and 2 heterosexuals, male and female, of Afro-Caribbean descent, mean age 39.7 years) with AIDS and who had diarrhoea and weight loss. Proximal function was assessed by [14C]Triolein test of fat absorption. Distal function was determined by a test of bile acid absorption in which the loss of radio-labelled synthetic bile acid, 75seleno-homocholic acid-taurine, from the enterohepatic circulation was quantified by abdominal gamma-scanning and by a vitamin B12-intrinsic factor absorption test. Concurrently indirect tests of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** ([14C]glycocholate and breath hydrogen) were carried out. In addition, jejunal histological examination and stool microscopy and culture for enteropathogens were performed. Fat absorption was reduced in all 6 patients, 4 of whom had jejunal villous atrophy. Bile acid and vitamin B12 absorption were normal in 4 subjects. Enteropathogens were not detected in any of the 4 subjects with normal terminal ileal absorptive function. In contrast, reduced bile acid and vitamin B12 absorption were detected in 2 of 6 subjects. Both patients had an enteropathogen (Cryptosporidium spp. and Isospora belli) present on stool and jejunal histological examination. Neither subject had evidence of ***small*** - ***intestinal***

bacterial ***overgrowth*** . It is concluded that AIDS patients therefore may have normal ileal absorptive function in the presence of jejunal disease. Infection with Cryptosporidium spp. or I. belli may however, be associated with severe ileal dysfunction.

L11 ANSWER 230 OF 286 MEDLINE
AN 89078903 MEDLINE
DN 89078903 PubMed ID: 2909433
TI 14C]D-xylose breath test for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Rumessen J J
SO GASTROENTEROLOGY, (1989 Jan) 96 (1) 273-4.
Journal code: 0374630. ISSN: 0016-5085.
CY United States
DT Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 198902
ED Entered STN: 19900308
Last Updated on STN: 19900308
Entered Medline: 19890206

L11 ANSWER 231 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 121
AN 1989:449179 BIOSIS
DN BA88:97451
TI THE DUODENAL BACTERIAL FLORA IN THE REGION OF PAPILLA OF VATER IN PATIENTS WITH AND WITHOUT DUODENAL DIVERTICULA.
AU SKAR V; SKAR A G; OSNES M
CS MED. DEP., SECT. GASTROENTEROL., ULLEVAL HOSP., 0407 OSLO 7, NORWAY.
SO SCAND J GASTROENTEROL, (1989) 24 (6), 649-656.
CODEN: SJGRA4. ISSN: 0036-5521.
FS BA; OLD
LA English
AB ***Small*** - ***intestinal*** ***bacterial*** ***overgrowth*** may be one etiologic factor in pigment gallstone disease, perviously shown ot be prevalent in patients with juxtapapillary duodenal diverticula. In this study the bacterial microflora in the duodenum was examined in 52 patients admitted for endoscopic retrograde cholangiography, 27 with and 25 without duodenal diverticula. Endoscopic sampling was done with a microbiology specimen brush. The reproducibility of the method was good. Presence of gas in the anaerobic cultivation media corresponded closely to growth of Enterobacteriaceae, with a sensitivity of 90% and a specificity of 98%. Gas production in thioglycollate medium with 1% glucose is proposed as a simple criterion of bacterial overgrowth. Patients with diverticula had significantly higher total numbers of bacteria in the duodenum than patients without diverticula ($p < 0.01$). Enterobacteriaceae and fecal streptococci dominated the flora in patients with diverticula, and gram-positive cocci were most frequently isolated from patients without diverticula.

L11 ANSWER 232 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 89211464 EMBASE
DN 1989211464
TI Meckel's diverticulum and partial villous atrophy.

AU Mayberry J.F.; Ansell I.D.; Long R.G.
CS Medical Research Centre, City Hospital, Nottingham NG5 1PB, United Kingdom
SO Journal of the Royal Society of Medicine, (1989) 82/9 (561-562).
ISSN: 0141-0768 CODEN: JRSMD
CY United Kingdom
DT Journal
FS 005 General Pathology and Pathological Anatomy
048 Gastroenterology
LA English
SL English
AB Partial villous atrophy is associated with coeliac disease, giardiasis, Crohn's disease, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , small bowel ischaemia, distant malignancy, severe skin disease and intestinal hyperacidity due to gastrinomas. We report a case in whom the cause seems to have been a Meckel's diverticulum.

L11 ANSWER 233 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 122
AN 1989:473614 BIOSIS
DN BA88:109374
TI UNCONJUGATED SERUM BILE ACIDS AS A MARKER OF ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** .
AU MASCLEE A; TANGERMAN A; VAN SCHAIK A; VAN DER HOEK E W; VAN TONGEREN J H M
CS DEP. GASTROENTEROL., UNIV. HOSP. BUILD., 1 CU-P, PO BOX 9600, 2300 RC LEIDEN, NETH.
SO EUR J CLIN INVEST, (1989) 19 (4), 384-389.
CODEN: EJCIB8. ISSN: 0014-2972.
FS BA; OLD
LA English
AB Non-invasive methods to detect small intestional bacterial overgrowth often lack specificity in patients who have undergone an iteal resection or have an accelerated intestinal transit. Since elevated serum unconjugated bile acid levels have been found in patients with clinical signs of bacterial overgrowth, we studied the clinical value of unconjugated serum bile acids as a marker of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Patients with culture-proven bacterial overgrowth had significantly elevated fasting unconjugated serum bile acid levels (median and range: 4.5; 1.4-21.5 .mu.mol 1-1) as compared to a healthy subjects (0.9; 0.3-1.7 .mu.mol 1-1, $P < 0.005$), to persons with an accelerated intestinal transit (1.0; 0.3-1.9 .mu.mol 1-1, $P < 0.005$) and to persons who have undergone an ileal resection (2.1; 0.7-3.6 .mu.mol 1-1, $P < 0.005$). The same was true 30 and 60 min after ingestion of a Lundh meal. Serum unconjugated bile acid levels above 4 .mu.mol 1-1 were found in eight of 10 patients with culture-proven ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** whereas serum levels above 4 .mu.mol 1-1 were found in none of the patients from the three control groups. These results suggest that determination of unconjugated serum bile acids is of clinical value in the evaluation of patients suspected of small intestine bacterial overgrowth.

L11 ANSWER 234 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 89:694 SCISEARCH
GA The Genuine Article (R) Number: R4476
TI [C-14] D-XYLOSE BREATH TEST FOR ***SMALL*** ***INTESTINAL***

BACTERIAL ***OVERGROWTH*** - REPLY
AU CRAIG R M (Reprint); ATKINSON A J
SO GASTROENTEROLOGY, (1989) Vol. 96, No. 1, pp. 273-274.
DT Letter; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 4

L11 ANSWER 235 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 89:693 SCISEARCH
GA The Genuine Article (R) Number: R4476
TI [C-14] D-XYLOSE BREATH TEST FOR ***SMALL*** ***INTESTINAL***
BACTERIAL ***OVERGROWTH***
AU RUMESSEN J J (Reprint)
CS UNIV COPENHAGEN, GLOSTRUP HOSP, DEPT GASTROENTEROL F, DK-2600 GLOSTRUP, DENMARK (Reprint)
CYA DENMARK
SO GASTROENTEROLOGY, (1989) Vol. 96, No. 1, pp. 273.
DT Letter; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 12

L11 ANSWER 236 OF 286 CABA COPYRIGHT 2003 CABI DUPLICATE 123
AN 88:98519 CABA
DN 882280910
TI Lymphocytic-plasmacytic enteritis associated with bacterial overgrowth in a dog
AU Rutgers, H. C.; Batt, R. M.; Kelly, D. F.
CS Dep. Vet. Clin. Sci., Univ., PO Box 147, Liverpool L69 3BX, UK.
SO Journal of the American Veterinary Medical Association, (1988) Vol. 192, No. 12, pp. 1739-1742. 18 ref.
ISSN: 0003-1488
DT Journal
LA English
AB Lymphocytic-plasmacytic enteritis, associated with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , was diagnosed in a 3.5-year-old German Shepherd Dog with chronic intermittent diarrhoea, using bacteriological culture of duodenal juice and histological examination of jejunal biopsy specimens. Oral administration of oxytetracycline alone resulted in clinical improvement and a marked decrease in the jejunal mononuclear cell infiltrate. Additional treatment with prednisolone administered orally resulted in almost complete clinical and histological recovery. The authors concluded that this case illustrates that small intestinal bacterial over-growth may have to be considered as an underlying cause of lymphocytic-plasmacytic enteritis in the dog and that antibiotic treatment may be necessary to attain remission.

L11 ANSWER 237 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 124
AN 1988:430921 BIOSIS
DN BR35:83051
TI SPECIFICITY OF UNCONJUGATED BILE ACIDS AS A MARKER OF ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** .

AU MASCLEE A; TANGERMAN A; VAN DE HOEK E; VAN TONGEREN J
CS DEP. GASTROENTEROLOGY, UNIV. HOSP. NIJMEGEN, 6500 HB NIJMEGEN, THE NETHERLANDS.
SO ABSTRACTS OF PAPERS SUBMITTED TO THE AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASE FOR THE 89TH ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION, NEW ORLEANS, LOUISIANA, USA, MAY 14-20, 1988. GASTROENTEROLOGY. (1988) 94 (5 PART 2), A568.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 238 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 125
AN 1987:374169 BIOSIS
DN BR33:64644
TI DIAGNOSTIC TESTS OF ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** .
AU RILEY S A; LOFT D E; MARSH M N
CS UNIV. DEP. MED., HOPE HOSP., MANCHESTER, UK.
SO 88TH ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION AND DIGESTIVE DISEASE WEEK, CHICAGO, ILLINOIS, USA, MAY 9-15, 1987. GASTROENTEROLOGY. (1987) 92 (5 PART 2), 1596.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 239 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1987:374017 BIOSIS
DN BR33:64492
TI HYDROGEN OR CARBON-14 BREATH TESTS IN THE DIAGNOSIS OF ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** ?.
AU O'CONNOR M P; HEALY M; KEHELY A; KEANE C T; O'MOORE R R; WEIR D G
CS DEP. CLINICAL MEDICINE, ST. JAMES' HOSP., TRINITY COLL. DUBLIN, IREL.
SO 88TH ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION AND DIGESTIVE DISEASE WEEK, CHICAGO, ILLINOIS, USA, MAY 9-15, 1987. GASTROENTEROLOGY. (1987) 92 (5 PART 2), 1557.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 240 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 87:239277 SCISEARCH
GA The Genuine Article (R) Number: G9660
TI H-2-BREATH OR C-14 BREATH TESTS IN THE DIAGNOSIS OF ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH***
AU OCONNOR M P (Reprint); HEALY M; KEHELY A; KEANE C T; OMOORE R R; WEIR D G
CS ST JAMES HOSP, DEPT CLIN MED, DUBLIN 8, IRELAND; ST JAMES HOSP, DEPT CLIN MICROBIOL, DUBLIN 8, IRELAND; ST JAMES HOSP, DEPT BIOCHEM, DUBLIN 8, IRELAND; UNIV DUBLIN TRINITY COLL, DUBLIN 2, IRELAND
CYA IRELAND
SO GASTROENTEROLOGY, (1987) Vol. 92, No. 5, pp. 1557.
DT Conference; Journal

FS LIFE; CLIN
LA ENGLISH
REC No References

L11 ANSWER 241 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 87:596440 SCISEARCH
GA The Genuine Article (R) Number: K4494
TI PHOSPHATIDYLCHOLINE (PC) DEGRADATION IN ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH***
AU HEALY M (Reprint); OCONNOR M P; KEANE C T; WEIR D G; OMOORE R R
CS ST JAMES HOSP, DEPT CLIN MED, DUBLIN 8, IRELAND; ST JAMES HOSP, DEPT CLIN MICROBIOL, DUBLIN 8, IRELAND; ST JAMES HOSP, DEPT BIOL, DUBLIN 8, IRELAND; UNIV DUBLIN TRINITY COLL, DUBLIN 2, IRELAND
CYA IRELAND
SO GUT, (1987) Vol. 28, No. 10, pp. A1397.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L11 ANSWER 242 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 87:596250 SCISEARCH
GA The Genuine Article (R) Number: K4494
TI H-2-BREATH OR C-14 BREATH TESTS IN THE DIAGNOSIS OF ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH***
AU OCONNOR M P (Reprint); HEALY M; KEHELY A; KEANE C T; OMOORE R R; WEIR D G
CS ST JAMES HOSP, DEPT CLIN MED, DUBLIN 8, IRELAND; ST JAMES HOSP, DEPT CLIN MICROBIOL, DUBLIN 8, IRELAND; ST JAMES HOSP, DEPT BIOCHEM, DUBLIN 8, IRELAND; UNIV DUBLIN TRINITY COLL, DUBLIN 2, IRELAND
CYA IRELAND
SO GUT, (1987) Vol. 28, No. 10, pp. A1353.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L11 ANSWER 243 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 87:596241 SCISEARCH
GA The Genuine Article (R) Number: K4494
TI COMPARATIVE VALUE OF TESTS FOR ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** (***SIBO***)
AU LOFT D E (Reprint); RILEY S A; MARSH M N
CS UNIV MANCHESTER, HOPE HOSP, SCH MED, DEPT MED, MANCHESTER M13 9PL, LANCS, ENGLAND
CYA ENGLAND
SO GUT, (1987) Vol. 28, No. 10, pp. A1351.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L11 ANSWER 244 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 87:674927 SCISEARCH
GA The Genuine Article (R) Number: L1016
TI SELECTIVELY IMPLANTED BURIED OXIDE (***SIBO***) PROCESS FOR VLSI

APPLICATIONS
AU RATNAM P (Reprint)
CS UNIV TORONTO, DEPT ELECT ENGN, TORONTO M5S 1A4, ONTARIO, CANADA (Reprint)
CYA CANADA
SO ELECTRONICS LETTERS, (1987) Vol. 23, No. 24, pp. 1316-1317.
DT Article; Journal
FS ENGI
LA ENGLISH
REC Reference Count: 3

L11 ANSWER 245 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 126
AN 1988:136891 BIOSIS
DN BA85:71718
TI HYDROGEN H-2 BREATH EXCRETION IN PEPTIC DISEASE BEFORE AND DURING TREATMENT WITH RANITIDINE.
AU ARMBRECHT U; SEEBERG S; STOCKBRUGGER R W
CS MARBACHTALKLINIK, D-8730 BAD KISSENGEN, W. GERMANY.
SO SCAND J GASTROENTEROL, (1987) 22 (10), 1211-1216.
CODEN: SJGRA4. ISSN: 0036-5521.
FS BA; OLD
LA English
AB Gastric juice pH, bacterial flora, and the H2 breath excretion were studied in patients treated with 150 mg ranitidine twice daily. The intragastric pH and bacterial contents rose during therapy. Before treatment upper respiratory tract bacteria were found in 4 of 23 patients and after 4 weeks of medication in 15 of 23. The median bacterial concentration was increased ($p < 0.01$) and in five patients included bacteria normally found in the colon. Prolonged therapy for up to 12 weeks ($n = 8$) did not further change the bacteriolgoic pattern. Prophylactic treatment for 1 year ($n = 3$) showed gastric bacteria in high concentration, including Pseudomonas, in one patient. Postprandial H2 production remained unchanged after 4 ($n = 23$) and 12 ($n = 7$) weeks of therapy. In two of three patients treated prophylactically H2 excretion was increased after 1 year of medication. We conclude that acid reduction with ranitidine causes changes of the intragastric bacterial flora similar to those with other acid-reducing drugs in equipotent doses. The unchanged H2 breath test result after 4 and 12 weeks of treatment contradicts ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** . The elevated H2 excretion in two of the three patients after 1 year of treatment suggests the importance of a time factor in small-intestinal bacterial colonization.

L11 ANSWER 246 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1987:291780 BIOSIS
DN BA84:21812
TI CHANGES IN SMALL INTESTINAL MORPHOLOGY AND FLORA ASSOCIATED WITH DECREASED ENERGY DIGESTIBILITY IN CALVES WITH NATURALLY OCCURRING DIARRHEA.
AU YOUANES Y D; HERDT T H
CS DEP. LARGE ANIMAL CLIN. SCI., MICHIGAN STATE UNIV., EAST LANSING, MI 48824-1314.
SO AM J VET RES, (1987) 48 (4), 719-725.
CODEN: AJVRAH. ISSN: 0002-9645.
FS BA; OLD
LA English

AB Fecal composition was studied in 5 healthy Holstein calves and in 10 with naturally occurring diarrhea. The calves were between 5 and 21 days of age. The mean fecal contents of fat, lactate, and acetate were higher in the calves with diarrhea than in the healthy calves ($P < 0.01$). On the basis of calculated values, the mean caloric uptake from milk was decreased by 31% in diarrheal calves, compared with that in controls. At least half of the diarrheal calves were calculated to be in negative energy balance during the fecal collection period. This occurred in spite of consumption of a diet sufficient to provide more than enough energy for maintenance in healthy calves. The mean values for villous lengths were decreased at all portions of the small intestine in the calves with diarrhea, compared with those values in healthy calves. Similarly, the mean intestinal epithelial lactase activities were decreased in the calves with diarrhea, compared with those activities in healthy calves. Villous length was negatively correlated with fecal lactate content ($r = -0.88$ in the duodenum, $r = -0.66$ in the jejunum, and $r = -0.80$ in the ileum), but not with fecal fat content. Intestinal lactase activity in the cranial portion of the intestine tended to be negatively correlated with fecal lactate content. The mean concentration of total viable bacteria in the ileum was 1,000-fold higher in the diarrheal calves than in the healthy calves (109 vs 106/5-cm intestinal segment; $P < 0.001$), whereas the mean concentrations of total viable bacteria in the duodenum and jejunum of healthy and diarrheal calves were approximately the same. The concentration of coliform organisms was higher in the principal calves than that in the healthy calves in all 3 small intestinal sections ($P < 0.05$). The concentrations of coliform organisms in the duodenum was positively correlated with fecal lactate content ($r = 0.77$, $P < 0.05$). It was concluded that fat and carbohydrate malabsorption occurs frequently in calves > 5 days of age that have diarrhea. The accompanying decrease in dietary energy digestibility was substantial and may contribute to the death of these calves, particularly in cold weather. Small intestinal epithelial damage seemed to cause carbohydrate malabsorption, but the mechanism responsible for fat malabsorption was not apparent. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** with a predominance of coliform organisms is common in calves with diarrhea and malabsorption and its occurrence is probably independent of the inciting cause.

L11 ANSWER 247 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 127
AN 87058787 EMBASE
DN 1987058787
TI Intestinal permeability in diabetic diarrhoea.
AU Cooper B.T.; Ukabam S.O.; O'Brien I.A.D.; et al.
CS University Department of Medicine, Bristol Royal Infirmary, Bristol BS2 8HW, United Kingdom
SO Diabetic Medicine, (1987) 4/1 (49-52).
CODEN: DIMEEV
CY United Kingdom
DT Journal
FS 003 Endocrinology
048 Gastroenterology
006 Internal Medicine
LA English
AB Small intestinal permeability to mannitol and lactulose was studied in 12 patients aged 36-70 (mean 56) years with diabetic diarrhoea (DD). Ten

uncomplicated diabetics aged 24-56 (mean 37) years and 25 normal subjects aged 22-60 (mean 37) years served as controls. Permeability was assessed by measuring urinary recovery of the test substances after oral ingestion. Mean mannitol excretion in patients with DD was significantly lower than in normal controls but was not significantly different from the uncomplicated diabetics. Mean lactulose excretion was not significantly different in the three groups. However, lactulose to mannitol excretion ratios (LMER) were significantly higher in patients with DD compared to the controls or the uncomplicated diabetics. LMER in seven patients with DD were outside the normal range. LMER in patients with DD did not correlate with blood urea, small intestinal transit time, faecal fat excretion, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , duration of diabetes or duration of diarrhoea. Jejunal morphology was normal in all patients with DD. It was concluded that small intestinal permeability was abnormal in some patients with DD and that this might be a factor in the aetiology of the diarrhoea.

L11 ANSWER 248 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1986:371053 BIOSIS
DN BR31:66327
TI DIETARY LECTIN INDUCED CHANGES IN NITROGEN METABOLISM IN THE RAT.
AU SHAKOOR T; WEBER F L JR; HOWARD R H; BANWELL J G
CS CASE WESTERN RESERVE UNIV. SCH. MED., CLEVELAND, OH.
SO ABSTRACTS OF PAPERS SUBMITTED TO THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION FOR THE 87TH ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION, SAN FRANCISCO, CALIF., USA, MAY 17-23, 1986. GASTROENTEROLOGY. (1986) 90 (5 PART 2), 1629.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 249 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 128
AN 87041902 EMBASE
DN 1987041902
TI [Endoscopic measurement of intragastral hydrogen (H2)].
ENDOSKOPISCHER INTRAGASTRALER WASSERSTOFFNACHWEIS.
AU Bornschein W.; Staber F.; Buttermann G.
CS Gastroenterologische Fachpraxis, D-8000 Munchen 2, Germany
SO Zeitschrift fur Gastroenterologie, (1986) 24/12 (722-731).
CODEN: ZGASAX
CY Germany
DT Journal
FS 048 Gastroenterology
004 Microbiology
LA German
SL English
AB The sensitivity of hydrogen (H2) breath-tests for testing ***small*** - ***intestinal*** ***bacterial*** ***overgrowth*** is limited by many factors. In this study H2 was tested directly with a selective electrochemical cell in a sample of stomach gas obtained during gastroscopy. This was possible in 100 of 109 cases. In patients with dyspeptic disorders (complaints of excess gas) H2 concentrations were significantly higher than in the group of patients without these complaints ($p < 0,001$). In dyspepsia the stomach-test was significantly

more often pathological than the H2-breath-test with glucose (p = 0,01). There was no correlation between the results of both tests in 66 cases. Intragastral H2 may result from H2-reflux from the small bowel, because there was no difference in bacterial growth in gastric and duodenal juice and in gastric mucosa of patients with high and normal H2 concentrations in the stomach and because a motility disturbance of upper GI-tract (prolonged gastric emptying time) correlated well with H2-concentrations (p < 0,05). PH of gastric contents, various ingested dietary substrates, smoking, endoscopic and histological diagnosis did not influence ig H2. Measurement of H2 during gastroscopy may give immediate evidence of small bowel motility-disorders.

L11 ANSWER 250 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 1986:613026 CAPLUS
DN 105:213026
TI Expectation on the development of ceramics derived from organometallic polymers
AU Okamura, Kiyohito
CS Res. Inst. Iron, Steel Other Met., Tohoku Univ., Oarai, 311-13, Japan
SO Porima Daijesuto (1986), 38(3), 13-21
CODEN: PODADB; ISSN: 0386-3700
DT Journal; General Review
LA Japanese
AB A review, with 34 refs., of ceramics derived from organometallic polymers, esp. SiNC fiber, SiC fiber, SiC-TiC fiber, SiNO fiber, and Si3N4-SiC complex and ***SiBO*** heat-resistant coatings.

L11 ANSWER 251 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 129
AN 1986:197652 BIOSIS
DN BA81:88952
TI MEGALOBLASTIC ANEMIA DUE TO VITAMIN B-12 DEFICIENCY CAUSED BY ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** POSSIBLE ROLE OF VITAMIN B-12 ANALOG.
AU MURPHY M F; SOURIAL N A; BURMAN J F; DOYLE D V; TARAQCHALI S; MOLLIN D L
CS DEP. HAEMATOLOGY, ST BARTHOLOMEW'S HOSPITAL, WEST SMITHFIELD, LONDON EC1A 7BE.
SO BR J HAEMATOL, (1986) 62 (1), 7-12.
CODEN: BJHEAL. ISSN: 0007-1048.
FS BA; OLD
LA English
AB Megaloblastic anaemia due to bacterial overgrowth of the small intestine is due to vitamin B12 malabsorption. This report describes a patient with bacterial overgrowth of the small intestine who had megaloblastic anaemia and malabsorption of vitamin B12, but persistently normal levels of serum vitamin B12 and normal serum and red cell folate levels. However, there was evidence of vitamin B12 deficiency as shown by an abnormal deoxyuridine suppression test and by the response to treatment with physiological doses of vitamin B12. A relative increase in biologically inactive vitamin B12 analogues may be the explanation for the normal vitamin B12 level in this patient.

L11 ANSWER 252 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 85157164 EMBASE
DN 1985157164

TI ***Small*** ***intestinal*** ***bacterial***
overgrowth may impair the nutritional stature of children with cystic fibrosis.
AU Berezin S.; Bhole A.; Mascia A.; Newman L.J.
CS New York Medical College, Valhalla, NY 10595, United States
SO Federation Proceedings, (1985) 44/6 (No. 8448).
CODEN: FEPRA7
CY United States
DT Journal
FS 007 Pediatrics and Pediatric Surgery
LA English

L11 ANSWER 253 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 130
AN 1985:160930 BIOSIS
DN BR29:50926
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL***
OVERGROWTH MAY IMPAIR THE NUTRITIONAL STATURE OF CHILDREN WITH CYSTIC FIBROSIS.
AU BEREZIN S; BHOLE A; MASCIA A; NEWMAN L J
CS NEW YORK MED. COLLEGE, VALHALLA, N.Y. 10595.
SO 69TH ANNUAL MEETING OF THE FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY, ANAHEIM, CALIF., USA, APR. 21-26, 1985. FED PROC. (1985) 44 (6), 1858.
CODEN: FEPRA7. ISSN: 0014-9446.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 254 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 131
AN 1985:389362 BIOSIS
DN BA80:59354
TI SEQUENTIAL DISACCHARIDASE LOSS IN RAT INTESTINAL BLIND LOOPS IMPACT OF MALNUTRITION.
AU SHERMAN P; WESLEY A; FORSTNER G
CS DIVISION OF GASTROENTEROLOGY, DEP. OF PAEDIATRICS, RESEARCH INSTITUTE, THE HOSPITAL FOR SICK CHILDREN, UNIVERSITY OF TORONTO, TORONTO, ONTARIO M5G 1X8, CANADA.
SO AM J PHYSIOL, (1985) 248 (6 PART 1), G626-G632.
CODEN: AJPHAP. ISSN: 0002-9513.
FS BA; OLD
LA English
AB Lactase, maltase and sucrase activities were studied in the mucosa of self-filling blind loops (SFBL) in adult rats at weekly intervals after SFBL formation in order to determine the sequence in which disaccharidase activities fall. The studies were carried out on nourished and malnourished rats and extended to a recovery period induced by antibiotics to determine the effects of malnutrition on the establishment and repair of disaccharidase deficiencies caused by bacterial overgrowth. Malnutrition was produced by feeding 50% of the intake of paired rats fed ad lib. Disaccharidase activities were determined in SFBL from nourished and malnourished rats at 7-day intervals until pandisaccharidase deficiency was established and during a 2-wk recovery period induced by antibiotics. Maximal SFBL bacterial counts in both nourished and

malnourished groups of rats and brush-border glycoprotein degradation ratios were established at 7 days. In nourished rats only lactase was deficient at 7 days; maltase and sucrase fell later and sequentially. In malnourished rats all 3 disaccharidases were reduced at 7 days. Disaccharidase activities in self-emptying blind loops (SEBL), used as operated controls, were not decreased 28 days after surgery. Malnutrition had no effect on disaccharidase activities in the SEBL, and malnutrition did not affect recovery rates with antibiotic therapy. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** apparently causes a staggered loss of disaccharidase activities beginning apparently with the loss of lactase activity. In the presence of bacterial overgrowth, malnutrition accelerates the conversion of a mono- to a pandisaccharidase deficiency.

L11 ANSWER 255 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 85232345 EMBASE
DN 1985232345
TI Sequential disaccharidase loss in rat intestinal blind loops: Impact of malnutrition.
AU Sherman P.; Wesley A.; Forstner G.
CS Division of Gastroenterology, Department of Pediatrics, Research Institute, University of Toronto, Toronto, Ont. M5G 1X8, Canada
SO American Journal of Physiology - Gastrointestinal and Liver Physiology, (1985) 11/6 (G626-G632).
CODEN: APGPDF
CY United States
DT Journal
FS 048 Gastroenterology
029 Clinical Biochemistry
002 Physiology
007 Pediatrics and Pediatric Surgery
004 Microbiology
LA English
AB We studied lactase, maltase, and sucrase activities in the mucosa of self-filling blind loops (SFBL) in adult rats at weekly intervals after SFBL formation in order to determine the sequence in which disaccharidase activities fall. The studies were carried out on nourished and malnourished rats and extended to a recovery period induced by antibiotics to determine the effects of malnutrition on the establishment and repair of disaccharidase deficiencies caused by bacterial overgrowth. Malnutrition was produced by feeding 50% of the intake of paired rats fed ad libitum. Disaccharidase activities were determined in SFBL from nourished and malnourished rats at 7-day intervals until pandisaccharidase deficiency was established and during a 2-wk recovery period induced by antibiotics. Maximal SFBL bacterial counts in both nourished and malnourished groups of rats and brush-border glycoprotein degradation ratios were established at 7 days. In nourished rats only lactase was deficient at 7 days; maltase and sucrase fell later and sequentially. In malnourished rats all three disaccharidases were reduced at 7 days. Disaccharidase activities in self-emptying blind loops (SEBL), used as operated controls, were not decreased 28 days after surgery. Malnutrition had no effect on disaccharidase activities in the SEBL, and malnutrition did not affect recovery rates with antibiotic therapy. We conclude that ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** causes a staggered loss of disaccharidase activities beginning with the

loss of lactase activity. In the presence of bacterial overgrowth, malnutrition accelerates the conversion of a mono- to a pandisaccharidase deficiency.

L11 ANSWER 256 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 132
AN 1985:417270 BIOSIS
DN BA80:87262
TI VALUE OF THE CARBON-14 D XYLOSE BREATH TEST IN PATIENTS WITH INTESTINAL BACTERIAL OVERGROWTH.
AU SCHNEIDER A; NOVIS B; CHEN V; LEICHTMAN G
CS GASTROENTEROLOGY UNIT, MEIR HOSPITAL, KFAR SAVA, ISR.
SO DIGESTION, (1985) 32 (2), 86-91.
CODEN: DIGEBW. ISSN: 0012-2823.
FS BA; OLD
LA English
AB Eighteen control subjects and 18 patients, with a variety of gastrointestinal conditions, were investigated using a 10-.mu.Ci 14C-D-xylose breath test. The latter also underwent quantitative bacterial studies of fluid obtained by intestinal intubation. In 14 patients a smaller dose of 3 .mu.Ci 14C-D-xylose was compared to the standard dose and there was a good correlation between the two doses. The peak value of the 14C-D-xylose test provided the best discrimination between patients with and without bacterial overgrowth. The 14C-glycocholic acid test performed in 15 patients, although as sensitive, was less discriminating. The 14C-D-xylose breath test is reliable and more specific in confirming the diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** without having to resort to direct bacterial studies.

L11 ANSWER 257 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1985:295382 BIOSIS
DN BA79:75378
TI ETIOLOGY OF PROTRACTED DIARRHEA IN INFANTS.
AU COELLO-RAMIREZ P; MEDINA-HUERTA L A; DIAZ-BENSUSSEN S; ZUNIGA V; LARROSA-HARO A
CS SERV. GASTROENTEROL., HOSP. PEDIATRIA, CMN, IMSS, AV. CUAUHTEMOC 330, C.P. 06725, MEXICO DF, MEXICO.
SO BOL MED HOSP INFANT MEX, (1984) 41 (11), 605-610.
CODEN: BMHIAK. ISSN: 0539-6115.
FS BA; OLD
LA Spanish
AB Sixty infants with protracted diarrhea were studied. All of them but one, had protein-calorie malnutrition; 60% had at least 1 previous episode of diarrhea. Stool cultures showed enteropathogenic bacteria in 66.6%; carbohydrate intolerance was documented in 68.5%; ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** was present in 45.8% out of 45 infants studied; cow's milk protein intolerance in 8.3% and soy protein intolerance in 3.3%. There was 1 patient with celiac disease and another one with chronic idiopathic ulcerative colitis; 1 or more factors could produce diarrhea in 93.5% of cases, being multiple in 66.6%. Etiology could not be established in 4 patients (6.6%).

L11 ANSWER 258 OF 286 MEDLINE DUPLICATE 133
AN 85156290 MEDLINE
DN 85156290 PubMed ID: 6530274

TI Evaluation of 14C-D-xylose breath test in the diagnosis of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .
AU Pruthi H S; Mehta S K; Pathak C M; Mehta S; Nanda V; Ayyagari A; Sharma R R; Nain C K
SO INDIAN JOURNAL OF MEDICAL RESEARCH, (1984 Nov) 80 598-600.
Journal code: 0374701. ISSN: 0971-5916.
CY India
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198505
ED Entered STN: 19900320
Last Updated on STN: 19900320
Entered Medline: 19850516

L11 ANSWER 259 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1985:343986 BIOSIS
DN BA80:13978
TI EVALUATION OF CARBON-14 D XYLOSE BREATH TEST IN THE DIAGNOSIS OF ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH***
.
AU PRUTHI H S; MEHTA S K; PATHAK C M; MEHTA S; NANDA V; AYYAGARI A; SHARMA R R; NAIN C K
CS POSTGRADUATE INST. MED. EDUCATION RES., CHANDIGARH 160012.
SO INDIAN J MED RES, (1984 (RECD 1985)) 80 (NOV), 598-600.
CODEN: IJMRAQ. ISSN: 0019-5340.
FS BA; OLD
LA English
AB Breath excretion of 14CO2 was measured after an oral dose of 14C-D-xylose in 19 subjects. Excessive catabolism of 14C-D-xylose identified all patients with bacterial overgrowth in the small intestine. There were no false positive or false negative results.

L11 ANSWER 260 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1984:161707 BIOSIS
DN BR27:78199
TI HAVE CHEMICAL TESTS A ROLE IN DIAGNOSING MAL ABSORPTION?.
AU THEODOSSI A; GAZZARD B G
CS GASTROENTEROL. DEP., WESTMINISTER HOSP., LONDON SW1P 2AP, UK.
SO Ann. Clin. Biochem., (1984) 21 (3), 153-165.
CODEN: ACBOBU. ISSN: 0004-5632.
FS BR; OLD
LA English

L11 ANSWER 261 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1985:15705 BIOSIS
DN BR28:15705
TI ONE GRAM CARBON-14 LABELED D XYLOSE BREATH TEST IN GALLSTONE PATIENTS WITH AND WITHOUT DUODENAL DIVERTICULA.
AU SKAR V; LARSEN S; OSNES M
CS ULLEVAAL HOSP. AVD. 9, OSLO, NORWAY.
SO 17TH SANDINAVIAN CONFERENCE ON GASTROENTEROLOGY AND THE 8TH SCANDINAVIAN MEETING ON GASTROINTESTINAL ENDOSCOPY, HELSINKI, FINLAND, MAY 31-JUNE 2, 1984. SCAND J GASTROENTEROL SUPPL. (1984) 19 (98), 58.
CODEN: SJGSB8. ISSN: 0085-5928.

DT Conference
FS BR; OLD
LA English

L11 ANSWER 262 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 134
AN 1983:257506 BIOSIS
DN BA76:14998
TI PHYTO HEM AGGLUTININ DERIVED FROM RED KIDNEY BEAN PHASEOLUS-VULGARIS A CAUSE FOR INTESTINAL MAL ABSORPTION ASSOCIATED WITH BACTERIAL OVERGROWTH IN THE RAT.
AU BANWELL J G; BOLDT D H; MEYERS J; WEBER F L JR
CS DIV. OF GASTROENTEROL. AND CLINICAL NUTRITION, DEP. OF MED, CASE WESTERN RESERVE UNIV., CLEVELAND, OHIO 44106.
SO GASTROENTEROLOGY, (1983) 84 (3), 506-515.
CODEN: GASTAB. ISSN: 0016-5085.
FS BA; OLD
LA English
AB Plant lectins or carbohydrate binding proteins interacted with membrane receptors on cellular surfaces but their antinutritional effects were poorly defined. Studies were conducted to determine the effects of phytohemagglutinin, a lectin derived from raw red kidney bean [P. vulgaris], on small intestinal absorptive function and morphology, and on the intestinal microflora. Phytohemagglutinin was isolated in purified form by thyroglobulin-sepharose 4B affinity chromatography. Red kidney bean and phytohemagglutinin (6 and 0.5%, respectively, of dietary protein) were fed in a purified casein diet to weanling rats for up to 21 days. Weight loss, associated with malabsorption of lipid, N and vitamin B12, developed in comparison with animals pair-fed isonitrogenous casein diets. Antinutritional effects of red kidney bean were reversible on reinstitution of a purified casein diet. An increase in bacterial colonization of the jejunum and ileum occurred in red kidney bean- and phytohemagglutinin-fed animals. When antibiotics were included in the diet, malabsorption of [3H]triolein and 57Co-vitamin B12 in red kidney bean-fed animals was partially reversed and, in germ-free animals, purified phytohemagglutinin had no demonstrable antinutritional effect. Mucosal disaccharidase activity was reduced in red kidney bean- and phytohemagglutinin-fed animals, but intestinal mucosal morphology was unchanged. Dietary administration of phytohemagglutinin, alone or as a component of red kidney bean, caused intestinal dysfunction, which was associated with, and dependent upon, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Adherence of enteric bacteria to the mucosal surface was enhanced by phytohemagglutinin which may have facilitated ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L11 ANSWER 263 OF 286 LIFESCI COPYRIGHT 2003 CSA
AN 83:73785 LIFESCI
TI Phytohemagglutinin derived from red kidney bean (Phaseolus vulgaris): A cause for intestinal malabsorption associated with bacterial overgrowth in the rat.
AU Banwell, J.G.; Boldt, D.H.; Meyers, J.; Weber, F.L.,Jr.
CS Div. Gastroenterol. and Clin. Nutr., Dep. Med., Case Western Reserve Univ., Cleveland, OH 44106, USA
SO GASTROENTEROLOGY., (1983) vol. 84, no. 3, pp. 500-515.

DT Journal
FS J
LA English
SL English
AB Plant lectins or carbohydrate binding proteins interact with membrane receptors on cellular surfaces but their antinutritional effects are poorly defined. Studies were conducted to determine the effects of phytohemaglutinin, a lectin derived from raw red kidney bean (Phaseolus vulgaris), on small intestinal absorptive function and morphology, and on the intestinal microflora. Mucosal disaccharidase activity was reduced in kidney bean- and phytohemagglutinin-fed animals, but intestinal mucosal morphology was unchanged. Dietary administration of phytohemagglutinin, alone or as a component of red kidney bean, caused intestinal dysfunction, which was associated with, and dependent upon, ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Adherence of enteric bacteria to the mucosal surface was enhanced by phytohemagglutinin which may have facilitated ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L11 ANSWER 264 OF 286 CAPLUS COPYRIGHT 2003 ACS DUPLICATE 135
AN 1984:565195 CAPLUS
DN 101:165195
TI Evidence for generation of the precarcinogen nitrosodimethylamine in the small intestine in chronic renal failure
AU Lele, Pramod S.; Dunn, Stephen R.; Simenhoff, Michael L.; Fiddler, Walter; Pensabene, John W.
CS Dep. Med., Jefferson Med. Coll., Philadelphia, PA, USA
SO Kidney International, Supplement (1983), 24(16), 229-33
CODEN: KISUDF; ISSN: 0098-6577
DT Journal
LA English
AB Gastroduodenal intubation was performed in 9 healthy volunteers and 7 patients with advanced chronic renal failure (CRF). Blood, gastric, and duodenal aspirates were analyzed for nitrosodimethylamine (NDMA) [62-75-9]. NDMA levels in control and CRF patients for blood were normal, but for gastric aspirate they were 67 and 312 and for duodenal aspirate they were 70 and 319, resp. The results of bacterial cultures confirmed ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Significant differences between NDMA concns. in the control subjects and patients were shown for gastric and duodenal aspirates. Thus, there is increased intestinal generation of NDMA in uremia. The presence of this precarcinogen may be linked with the reported increase in the incidence of cancer in CRF.

L11 ANSWER 265 OF 286 MEDLINE
AN 84243791 MEDLINE
DN 84243791 PubMed ID: 6588255
TI Evidence for generation of the precarcinogen nitrosodimethylamine in the small intestine in chronic renal failure.
AU Lele P S; Dunn S R; Simenhoff M L; Fiddler W; Pensabene J W
NC RO1-CA-26571 (NCI)
SO KIDNEY INTERNATIONAL. SUPPLEMENT, (1983 Dec) 16 S229-33.
Journal code: 7508622. ISSN: 0098-6577.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)

LA English
FS Priority Journals
EM 198408
ED Entered STN: 19900320
Last Updated on STN: 19970203
Entered Medline: 19840815
AB We have previously reported raised concentrations of dimethylamine and also bacterial overgrowth in the small intestine in CRF. Evidence for in vivo NDMA formation in the same site in CRF is now presented. Gastroduodenal intubation was performed in 9 healthy volunteers and 7 patients with advanced chronic renal failure. Blood, gastric, and duodenal aspirates were analyzed for NDMA. NDMA levels in control and CRF patients for blood were normal, but for gastric aspirate they were 67 +/- 13 and 312 +/- 68 (P less than 0.001) and for duodenal aspirate they were 70 +/- 21 and 319 +/- 47 (P less than 0.001), respectively. The results of bacterial cultures confirmed ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . We thus demonstrated statistically significant differences between NDMA concentrations in the control subjects and patients for both gastric and duodenal aspirates. This suggests that there is increased intestinal generation of NDMA in uremia. The presence of this precarcinogen may be linked with the reported increase in the incidence of cancer in CRF.

L11 ANSWER 266 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 136
AN 1983:109221 BIOSIS
DN BR25:34221
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** WITH MAL ABSORPTION.
AU SALMERON M; DEBURE A; RAMBAUD J C
CS CLINIQUE GASTROENTEROLOGIE, UNITE RECHERCHES PHYSIOPATHOLOGIE DIGESTIVE, HOPITAL SAINT-LAZARE, 107, RUE DU FAUBOURG-SAINT-DENIS, F-75475 PARIS CEDEX 10.
SO Gastroenterol. Clin. Biol., (1982) 6 (10), 788-799.
CODEN: GCBIDC. ISSN: 0399-8320.
FS BR; OLD
LA French

L11 ANSWER 267 OF 286 MEDLINE
AN 83096929 MEDLINE
DN 83096929 PubMed ID: 7180696
TI Breath tests: principles, problems, and promise.
AU Lo C W; Carter E A; Walker W A
NC AM16269 (NIADDK)
GM21700 (NIGMS)
T32AM07070-07 (NIADDK)
SO ADVANCES IN PEDIATRICS, (1982) 29 105-27.
Journal code: 0370436. ISSN: 0065-3101.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198302
ED Entered STN: 19900317
Last Updated on STN: 19970203

Entered Medline: 19830214

AB Breath tests rely on the measurement of gases produced in the intestine, absorbed, and expired in the breath. Carbohydrates, such as lactose and sucrose, can be administered in physiologic doses; if malabsorbed, they will be metabolized to hydrogen by colonic bacteria. Since hydrogen is not produced by human metabolic reactions, a rise in breath hydrogen, as measured by gas chromatography, is evidence of carbohydrate malabsorption. Likewise, a rise in breath hydrogen marks the transit time of nonabsorbable carbohydrates such as lactulose through the small intestine into the colon. Simple end-expiratory interval collection into nonsiliconized vacutainer tubes has made these noninvasive tests quite convenient to perform, but various problems, including changes in stool pH, intestinal motility, or metabolic rate, may influence results. Another group of breath tests uses substrates labeled with radioactive or stable isotopes of carbon. Labeled fat substrates such as trioctanoin, tripalmitin, and triolein do not produce the expected rise in labeled breath CO2 if there is fat malabsorption. Bile acid malabsorption and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** can be measured with labeled cholylglycine or cholyltaurine. Labeled drugs such as aminopyrine, methacetin, and phenacetin can be used as an indication of drug metabolism and liver function. Radioactive substrates have been used to trace metabolic pathways and can be measured by scintillation counters. The availability of nonradioactive stable isotopes has made these ideal for use in children and pregnant women, but the cost of substrates and the mass spectrometers to measure them has so far limited their use to research centers. It is hoped that new techniques of processing and measurement will allow further realization of the exciting potential breath analysis has in a growing list of clinical applications.

L11 ANSWER 268 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 137
AN 1982:8459 BIOSIS
DN BR22:8459
TI PHYTO HEM AGGLUTININ A DIETARY LECTIN CAUSES INTESTINAL MAL ABSORPTION ASSOCIATED WITH ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** .
AU BANWELL J G; BOLDT D H; MEYERS J; WEBER F L; MILLER B
CS DEP. OF MED., UNIV. OF KENTUCKY COLLEGE OF MED., LEXINGTON, KENTUCKY.
SO DIGESTIVE DISEASE WEEK AND THE 82ND ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION, NEW YORK, N.Y., USA, MAY 16-22, 1981. GASTROENTEROLOGY. (1981) 80 (5 PART 2), 1103.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 269 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 81:480286 SCISEARCH
GA The Genuine Article (R) Number: MK742
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** AND SELECTIVE LACTASE DEFICIENCY IN CHRONIC-ALCOHOLIC PANCREATITIS
AU LOHSE J (Reprint); KUNTZEN O; KAESS H
CS HOSP MUNICH SCHWABING, DEPT MED 5, MUNICH, FED REP GER
CYA FEDERAL REPUBLIC OF GERMANY

SO GASTROENTEROLOGIE CLINIQUE ET BIOLOGIQUE, (1981) Vol. 5, No. 10, pp. 934-935.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L11 ANSWER 270 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 138
AN 1981:91753 BIOSIS
DN BR21:26749
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** SYNDROME.
AU BANWELL J G; KISTLER L A; GIANNELLA R A; WEBER F L JR; LIEBER A; POWELL D E
CS DIV. GASTROENTEROL., DEP. MED., UNIV. KENTUCKY COLL. MED., LEXINGTON, KY 40536.
SO Gastroenterology, (1981) 80 (4), 834-845.
CODEN: GASTAB. ISSN: 0016-5085.
DT Short Communication
FS BR; OLD
LA English

L11 ANSWER 271 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 1982:90418 BIOSIS
DN BR23:20410
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** .
AU MUENST G; WRIGHT J P; OLIVER S
CS GASTRO-INTESTINAL CLINIC, GROOTE SCHUUR HOSPITAL.
SO ANNUAL MEETING OF THE SOUTH AFRICAN GASTRO-ENTEROLOGY SOCIETY: CAPE TOWN, SOUTH AFRICA, OCT. 8-9, 1980. S AFR MED J. (1981) 60 (7), 292.
CODEN: SAMJAF. ISSN: 0038-2469.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 272 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 81:381281 SCISEARCH
GA The Genuine Article (R) Number: MC055
TI INVESTIGATION OF ***SMALL*** - ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH***
AU MUNST G (Reprint); WRIGHT J P; OLIVER S
CS GROOTE SCHUUR HOSP, GASTROINTESTINAL CLIN, CAPE TOWN 7925, SOUTH AFRICA; GROOTE SCHUUR HOSP, DEPT BACTERIOL, CAPE TOWN 7925, SOUTH AFRICA; UNIV CAPE TOWN, DEPT MED, CAPE TOWN, SOUTH AFRICA
CYA SOUTH AFRICA
SO SOUTH AFRICAN MEDICAL JOURNAL, (1981) Vol. 60, No. 7, pp. 292.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L11 ANSWER 273 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 139
AN 81145216 EMBASE

DN 1981145216
TI Chronic intestinal pseudo-obstruction. A report of 27 cases and review of the literature.
AU Schuffler M.D.; Rohrmann C.A.; Chaffee R.G.; et al.
CS Div. Gastroenterol., USPHS Hosp., Seattle, Wash. 98114, United States
SO Medicine, (1981) 60/3 (173-196).
CODEN: MEDIAV
CY United States
DT Journal
FS 006 Internal Medicine
048 Gastroenterology
009 Surgery
LA English
AB Twenty-seven cases of chronic intestinal pseudo-obstruction are reported. The causes of pseudo-obstruction were progressive systemic sclerosis in 14, hollow visceral myopathy in 4, visceral neuropathy in 2, sclerosing mesenteritis in 1, and jejunal diverticulosis in 1. No identifiable cause was found in 5. Chronic pseudo-obstruction is a long-term illness characterized by vomiting, abdominal distention, abdominal pain and weight loss. Involvement is often present throughout the intestine so that patients may present with a variety of symptoms deriving from the esophagus, stomach, small intestine, and colon. Hollow visceral myopathy and visceral neuropathy are usually familial and urologic involvement is sometimes present in the former. Abnormalities of smooth muscle function can be discerned by radiography and esophageal manometry. The pattern and distribution of the abnormalities are helpful in differentiating pseudo-obstruction from true mechanical obstruction. They may also be helpful in differentiating one form of pseudo-obstruction from another. The majority of cases have identifiable pathology within either the smooth muscle or myenteric plexus of the bowel wall. The natural history of pseudo-obstruction is variable. Remissions and exacerbations occur and may be unrelated to anything that is done therapeutically. The illness is unresponsive to any drug known to have an effect on intestinal motility. Antibiotic treatment of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and selected surgical procedures may occasionally be palliative. Many patients develop malnutrition and require home parenteral nutrition in order to survive.

L11 ANSWER 274 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 140
AN 1982:3046 BIOSIS
DN BR22:3046
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** COMPARISON BETWEEN ENTEROTEST PEDIATRIC AND DUODENAL ASPIRATION.
AU ROSENTHAL P; LIEBMAN W
CS UNIV. CALIF., DEP. PEDIATR., SAN FRANCISCO, CALIF.
SO ANNUAL MEETING OF THE WESTERN SOCIETY FOR PEDIATRIC RESEARCH, CARMEL, CALIF., USA, FEB. 4-6, 1981. CLIN RES. (1981) 29 (1), 113A.
CODEN: CLREAS. ISSN: 0009-9279.
DT Conference
FS BR; OLD
LA English

L11 ANSWER 275 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.

DUPLICATE 141
AN 1980:238774 BIOSIS
DN BA70:31270
TI SMALL INTESTINAL BACTERIAL GROWTH IN SYSTEMIC SCLEROSIS.
AU COBDEN I; AXON A T R; GHONEIM A T; MCGOLDRICK J; ROWELL N R
CS SKIN DEP., GEN. INFIRM., LEEDS LS1 3EX, ENGL., UK.
SO CLIN EXP DERMATOL, (1980) 5 (1), 37-42.
CODEN: CEDEDE. ISSN: 0307-6938.
FS BA; OLD
LA English
AB Twenty unselected patients with proven systemic sclerosis had cultures of jejunal juice and glucose/hydrogen breath tests for ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . Seven had counts of > 106 organisms/ml, higher than was ever found in a control group; 4 of these had a positive breath test. ***Small*** ***intestinal*** ***bacterial*** ***overgrowth*** appears to be relatively common in systemic sclerosis, affecting .apprx. 1/3 of unselected patients.

L11 ANSWER 276 OF 286 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 79:298524 SCISEARCH
GA The Genuine Article (R) Number: HB338
TI ***SMALL*** ***INTESTINAL*** ***BACTERIAL*** ***OVERGROWTH*** IN SYSTEMIC-SCLEROSIS
AU COBDEN I (Reprint); AXON A T R; MCGOLDRICK J; GHONEIM A T; ROWELL N R
CS GEN INFIRM, DEPT MICROBIOL, GASTROENTEROL UNIT, LEEDS LS1 3EX, W YORKSHIRE, ENGLAND; GEN INFIRM, DEPT SKIN, LEEDS LS1 3EX, W YORKSHIRE, ENGLAND
CYA ENGLAND
SO GUT, (1979) Vol. 20, No. 5, pp. A456.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 2

L11 ANSWER 277 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 142
AN 1977:247400 BIOSIS
DN BA64:69764
TI ESCHERICHIA-COLI SEROTYPES THROUGHOUT THE GASTRO INTESTINAL TRACT OF PATIENTS WITH INTESTINAL DISORDERS.
AU TABAQCHALI S; HOWARD A; TEOH-CHAN C H; BETTELHEIM K A; GORBACH S L
SO GUT, (1977) 18 (5), 351-355.
CODEN: GUTTAK. ISSN: 0017-5749.
FS BA; OLD
LA Unavailable
AB The O and H serotypes of E. coli that were present along the entire length of the gastrointestinal tract of patients with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** were studied. Multiple sero- and biotypes were represented, although usually a single serotype predominated in each patient. In a number of cases the different O:H serotypes were antigenically related indicating that antigenic degradation was occurring. The serotypes isolated from the stomach and small intestine were represented in the feces. In general, within the limitations of this study, there appears to be a stable ecosystem in each

patient and it may require specific oral antibiotics to alter it.

L11 ANSWER 278 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 1977:561797 CAPLUS
DN 87:161797
TI Increased deconjugation of bile acids and vitamin B12 malabsorption in diabetics on treatment with biguanides
AU Caspary, W. F.; Zavada, I.; Reimold, W. V.; Emrich, D.; Willms, B.
CS Dep. Med., Univ. Goettingen, Goettingen, Fed. Rep. Ger.
SO Bile Acid Metab. Health Dis., Proc. Bile Acid Meet., 4th (1977), Meeting Date 1976, 271-84. Editor(s): Paumgartner, G.; Stiehl, A. Publisher: Univ. Park Press, Baltimore, Md.
CODEN: 36LLA3
DT Conference
LA English
AB Since vitamin B12 (I) [68-19-9] malabsorption was described in diabetics on biguanides and inhibition of bile acid absorption was foiund in rat ileum, the effect of treatment with different biguanides (phenformin [114-86-3], buformin [692-13-7], metformin [657-24-9] on bile acid metab. and vitamin B12 absorption was assessed in diabetics. Biguanides did not alter fecal wt. or fecal fat excretion, but decreased fecal bile acid excretion. All the biguanides increased deconjugation of glycocholic acid [475-31-0]. Vitamin B12 malabsorption was most prominent in patients on metformin. Discontinuation of biguanide treatment normalized or improved the increased deconjugation of bile acids. Decreased fecal bile acid excretion, pos. glycocholate-14C breath tests, pathol. Schilling tests,and the reversal of pathol. tests by antibiotic treatment suggested that ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** leading to binding of the intrinsic-factor-vitamin B12 complex to bacteria is responsible for the previously obsd. pathol. Schilling tests in diabetics on biguanides. Bile acid malabsorption, possibly responsible for the cholesterol-lowering effect of biguanides, did not exist in dabetics on biguanides.

L11 ANSWER 279 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. DUPLICATE 143
AN 1977:230107 BIOSIS
DN BA64:52471
TI ALTERATION OF BILE ACID METABOLISM AND VITAMIN B-12 ABSORPTION IN DIABETICS ON BIGUANIDES.
AU CASPARY W F; ZAVADA I; REIMOLD W; DEUTICKE U; EMRICH D; WILLMS B
SO DIABETOLOGIA, (1977) 13 (3), 187-194.
CODEN: DBTGAJ. ISSN: 0012-186X.
FS BA; OLD
LA Unavailable
AB Since vitamin B12 malabsorption has been described in [human] diabetics on biguanides and inhibition of bile acid absorption found in rat ileum the effect of treatment with different biguanides (phenformin, buformin, metformin) on bile acid metabolism and vitamin B12 absorption was assessed in maturity onset diabetics. Biguanides did not alter fecal weight or fecal fat excretion, but they decreased fecal bile acid excretion. All biguanides tested increased deconjugation of glycocholic acid, as determined by a simple breath test technique. Vitamin B12 malabsorption was most prominent in patients on metformin. Discontinuation of biguanide treatment, or administration of antibiotics, normalized or improved the

increased deconjugation of bile acids and the Schilling test. Decreased fecal bile acid excretion, positive 14C-glycocholate breath tests, pathological Schilling tests and the reversal of pathological tests by antibiotic treatment suggest that ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , leading to binding of the intrinsic-factor-vitamin B12-complex to bacteria, is responsible for the previously observed pathological Schilling tests in diabetics on biguanides. Bile acid malabsorption, possibly responsible for the cholesterol-lowering effect of biguanides, does not occur in diabetics on biguanides. Whether qualitative changes in small intestinal bile acid composition might affect cholesterol metabolism remains to be determined.

L11 ANSWER 280 OF 286 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
DUPLICATE 144
AN 1976:229523 BIOSIS
DN BA62:59523
TI GASTRO INTESTINAL BLEEDING AND IRON ABSORPTION IN THE EXPERIMENTAL BLIND LOOP SYNDROME.
AU GIANNELLA R A; TOSKES P P
SO AM J CLIN NUTR, (1976) 29 (7), 754-757.
CODEN: AJCNAC. ISSN: 0002-9165.
FS BA; OLD
LA Unavailable
AB Rats with surgically created self-filling jejunal blind loops and the blind loop syndrome manifested gastrointestinal bleeding and hyperabsorption of Fe. Although the mean hematocrit and serum Fe levels of rats with self-filling blind loops did not differ significantly from control rats, some rats with self-filling blind loops became overtly anemic and manifested low serum Fe levels. The documented gastrointestinal bleeding in these rats with the experimental blind loop syndrome may be another manifestation of damage to the intestinal epithelium in conditions of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** .

L11 ANSWER 281 OF 286 MEDLINE
AN 76266154 MEDLINE
DN 76266154 PubMed ID: 957777
TI Malabsorption following gastric resection.
AU King C E; Toskes P P
SO MAJOR PROBLEMS IN CLINICAL SURGERY, (1976) 20 129-46.
Journal code: 1271453. ISSN: 0025-1062.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 197610
ED Entered STN: 19900313
Last Updated on STN: 19900313
Entered Medline: 19761029
AB We have tried to stress the complexity of the bacterial ecology that may exist in the intestine of patients and experimental animals with ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** . The multiplicity of organisms often makes the management of these patients quite frustrating. A number of metabolic derangements of varying severity may occur in any given patient. Although many of the observed

abnormalities are secondary to disturbed events with the luminal environment of the small intestine, the significance of direct damage to the small intestinal epithelium has been emphasized. Since intestinal cultures are both cumbersome and difficult to perform on a routine basis, the use of labeled substrate breath tests will allow guided, outpatient therapy more easily than in the past. Since full correction of the malabsorption is seldom achieved with antibiotic therapy, nutritional supplementation deserves more attention than it has previously received.

L11 ANSWER 282 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 77079379 EMBASE
DN 1977079379
TI Fermentative diarrhea and ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** in infancy. Correlation with nutritional state.
AU Neto U.F.; Eiguer T.; Toccalino H.; Ogawa K.
CS Dept. Ped., Policlin. A. Posadas, Buenos Aires, Argentina
SO Arquivos de Gastroenterologia, (1976) 13/1 (19-28).
CODEN: ARQGAF
DT Journal
FS 048 Gastroenterology
004 Microbiology
007 Pediatrics and Pediatric Surgery
LA English
AB A correlation of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** and nutritional state was studied in children with chronic fermentative diarrhea. The bacterial contents of the small intestine (S.I.) of one control group and 2 groups of children (one well nourished and the other with malnutrition) with fermentative diarrheas of more than 3 mth evolution were studied. In addition, the patients with diarrhea were subjected to the following studies: absorption tests, small obstetrics biopsy, disaccharidase determinations, stomach bacteriology and stool cultures. Small intestine bacteriology was performed with a radioopaque tube in order to determine the exact location of the samples whose flora were investigated for aerobic and anaerobic bacteria. In the control groups, only 2 of the 11 cases showed a germ count of 104 and 107/ml of small intestine contents. In general, absorption was not altered in the diarrhea groups: disaccharidase values were found to be decreased. Histological alterations of the small intestine in the groups with diarrhea were more frequent and more intense in the malnutrition group. The bacteriological findings in the children with diarrhea showed a varied flora with considerable overgrowth (104 germs/ml) in the stomach and upper small intestine. The incidence of enteropathogens was very low.

L11 ANSWER 283 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 1976:443373 CAPLUS
DN 85:43373
TI Carbohydrate metabolism in conditions of ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** : evaluation by means of a 14C-xylose breath test
AU Lorenz, Erhard
CS Univ. Florida, Gainesville, FL, USA
SO (1975) 182 pp. Avail.: Xerox Univ. Microfilms, Ann Arbor, Mich., Order No. 76-12,087
From: Diss. Abstr. Int. B 1976, 36(12, Pt. 1), 6068

DT Dissertation
LA English
AB Unavailable

L11 ANSWER 284 OF 286 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 145
AN 76200200 EMBASE
DN 1976200200
TI [Breath analysis tests in gastroenterology].
ATEMANALYTISCHE TESTS IN DER GASTROENTEROLOGISCHEN DIAGNOSTIK.
AU Caspary W.F.
CS Abt. Gastroenterol. Stoffwechselerkr., Med. Univ. Klin., Gottingen, Germany
SO Zeitschrift fur Gastroenterologie, (1975) 13/8 (704-714).
CODEN: ZGASAX
DT Journal
FS 048 Gastroenterology
006 Internal Medicine
029 Clinical Biochemistry
LA German
AB The introduction of a simple method for analysis of 14CO2 in breath allowed a wide application of breath tests in the diagnosis of gastroenterologic diseases. During a breath test a 14C labelled compound is administered orally and 14CO2 is subsequently measured in breath by discontinuous samplings of 14CO2. This is done with a trapping solution (hyamine hydroxide). Most helpful tests in gastroenterology are the 14C glycyl cholate breath test for detecting increased deconjugated bile acids due to ***small*** ***intestinal*** ***bacterial*** ***overgrowth*** , bile acid malabsorption in ileal resection or Crohn's disease of the ileum. The 14C lactose breath test is useful in lactase deficiency, whereas the 14C tripalmitin test seems less helpful in the diagnosis of fat malabsorption. A 14C aminopyrine breath test may be a simple and valuable liver function test. Oral loading tests with breath analysis of H2 are helpful in the diagnosis of carbohydrate malabsorption, determination of intestinal transit time and intestinal gas production. Due to technical reasons (gas chromatographic analysis) H2 breath analysis is still limited to research centers. Despite low radiation doses after oral administration of 14C labelled compounds oral loading tests with H2 or 13C analysis might be preferable in the future.

L11 ANSWER 285 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 1925:14996 CAPLUS
DN 19:14996
OREF 19:1947i
TI Paper-making tests with woods from French West Africa. " ***Sibo*** " wood
AU Heim, F.; Maheu, J.; Cercelet, M.; Dagand, G. S.; de Balsac, R. Heim
SO Bull. Imp. Inst. (1924), 22, 500-1
DT Journal
LA Unavailable
AB " ***Sibo*** " wood (Sarcocephalus csculentus, Afzel) from Ivory Coast contained 8.76% H2O, and, on dry basis, ash 0.20, fats and waxes 0.96, cellulose 67.48, lignin 31.36%. Cooking with NaOH under pressure gave a yellowish brown pulp, bleaching with difficulty in 33% yield (on dry material) to a pale yellowish color. The pulp is mainly fibrous and contains some cells and fragments of vessels. The fiber length is 1-2

mm., av. 1.4 mm., diameter 0.015-0.035 mm., av. 0.025 mm., and felting power 0.018. Paper made from the pulp was of inferior quality, and the pulp could be used only as a filling material.

L11 ANSWER 286 OF 286 CAPLUS COPYRIGHT 2003 ACS
AN 1925:14995 CAPLUS
DN 19:14995
OREF 19:1947i
TI Paper-making tests with woods from French West Africa. " ***Sibo*** " wood
AU Heim, F.; Maheu, J.; Cercelet, M.; Dagand, G. S.; de Balsac, R. Heim
SO Bull. agence gen. colonies (1923), 16, 1232
DT Journal
LA Unavailable
AB " ***Sibo*** " wood (Sarcocephalus csculentus, Afzel) from Ivory Coast contained 8.76% H2O, and, on dry basis, ash 0.20, fats and waxes 0.96, cellulose 67.48, lignin 31.36%. Cooking with NaOH under pressure gave a yellowish brown pulp, bleaching with difficulty in 33% yield (on dry material) to a pale yellowish color. The pulp is mainly fibrous and contains some cells and fragments of vessels. The fiber length is 1-2 mm., av. 1.4 mm., diameter 0.015-0.035 mm., av. 0.025 mm., and felting power 0.018. Paper made from the pulp was of inferior quality, and the pulp could be used only as a filling material.

```
 ********** STN Columbus **********
FILE 'HOME' ENTERED AT 08:13:05 ON 16 SEP 2002
=> file biosis,caba,caplus,embase,japio,lifesci,medline,scisearch,uspatfull
=> e lin henry c/au
E1        1   LIN HENKEL/AU
E2       26   LIN HENRY/AU
E3      163 --> LIN HENRY C/AU
E4        2   LIN HENRY C H/AU
E5        2   LIN HENRY H/AU
E6       50   LIN HENRY J/AU
E7        3   LIN HENY W/AU
E8        1   LIN HENYAO/AU
E9        1   LIN HEPING/AU
E10       5   LIN HER H/AU
E11       1   LIN HER HELEN/AU
E12       1   LIN HER LEU/AU
=> s e2-e4 and sibo
L1        6 ("LIN HENRY"/AU OR "LIN HENRY C"/AU OR "LIN HENRY C H"/AU) AND
          SIBO
=> dup rem l1
PROCESSING COMPLETED FOR L1
L2        5 DUP REM L1 (1 DUPLICATE REMOVED)
=> d bib ab 1-
YOU HAVE REQUESTED DATA FROM 5 ANSWERS - CONTINUE? Y/(N):y
L2  ANSWER 1 OF 5  CAPLUS  COPYRIGHT 2002 ACS       DUPLICATE 1
AN  2002:256747  CAPLUS
DN  136:257266
TI  Methods of diagnosing and treating small intestinal bacterial overgrowth
    and related conditions
IN  ***Lin, Henry C.***  ; Pimentel, Mark
PA  USA
SO  U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
    CODEN: USXXCO
DT  Patent
LA  English
FAN.CNT 5
    PATENT NO.      KIND  DATE        APPLICATION NO.  DATE
    --------------- ----  --------    ---------------  --------
PI  US 2002039599   A1    20020404    US 2001-837797   20010417
    CA 2220451      AA    19961121    CA 1996-2220451  19960516
    US 5977175      A     19991102    US 1997-832307   19970403
    US 2002094346   A1    20020718    US 1999-420046   19991018
PRAI US 1995-442843   B1   19950517
    US 1997-832307    A1   19970403
    US 1999-359583    B2   19990722
    US 1999-374142    A2   19990811
    US 1999-420046    A2   19991018
    US 2000-546119    A2   20000410
AB  Disclosed is a method of treating small intestinal bacterial overgrowth (
     ***SIBO***  ) or a  ***SIBO***  -caused condition in a human subject.
     ***SIBO***  -caused conditions include irritable bowel syndrome,
    fibromyalgia, chronic pelvic pain syndrome, chronic fatigue syndrome,
    depression, impaired mentation, impaired memory, halitosis, tinnitus,
    sugar craving, autism, attention deficit/hyperactivity disorder, drug
    sensitivity, an autoimmune disease, and Crohn's disease. Examples are
```

provided showing effects of antibiotics on ***SIBO*** , demonstrating the roles of peptide YY and the serotoninergic/adrenergic/opioid pathways in ***SIBO*** , and the effects of ondansetron, propranolol, norepinephrine and naloxone on intestinal transit. The invention thus relates to slowing upper gastrointestinal transit, thereby enhancing the digestion and/or absorption of predigested nutrients. Gastrointestinal transit-slowing compns. comprise active agents such as lipids, serotonin, serotonin agonists, serotonin re-uptake inhibitors, peptide YY, calcitonin gene-related peptide, adrenergic agonists and opioid agonists. Also disclosed are a method of screening for the abnormally likely presence of ***SIBO*** in a human subject and a method of detecting ***SIBO*** in a human subject. A method of detg. the relative severity of ***SIBO*** or a ***SIBO*** -caused condition in a human subject, in whom small intestinal bacterial overgrowth has been detected, is also disclosed.

L2 ANSWER 2 OF 5 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:422534 BIOSIS
DN PREV200100422534
TI Small intestinal bacterial overgrowth and the irritable bowel syndrome: Response to Dr. Riordan et al.
AU Pimentel, Mark (1); ***Lin, Henry C.***
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2507-2508. print.
ISSN: 0002-9270.
DT Letter
LA English
SL English

L2 ANSWER 3 OF 5 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:422428 BIOSIS
DN PREV200100422428
TI Re: Pimentel et al.: Eradication of small intestinal bacterial overgrowth reduces symptoms of irritable bowel syndrome: Response to Drs. Mishkin.
AU Pimentel, Mark (1); ***Lin, Henry C.***
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2505-2506. print.
ISSN: 0002-9270.
DT Letter
LA English
SL English

L2 ANSWER 4 OF 5 CAPLUS COPYRIGHT 2002 ACS
AN 2001:112376 CAPLUS
TI Method of diagnosing irritable bowel syndrome and other disorders caused by small intestinal bacterial overgrowth by detecting the presence of anti-saccharomyces cerivisiae antibodies (asca) in human serum
IN ***Lin, Henry C.*** ; Pimental, Mark
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl.
CODEN: PIXXD2

DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001011334	A2	20010215	WO 2000-US22168	20000811
WO 2001011334	A3	20010712		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRAI US 1999-374143 A 19990811

AB Disclosed is a method of diagnosing small intestinal bacterial overgrowth (***SIBO***), irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder (ADHD), or an autoimmune disease by sampling serum from a human subject having a suspected diagnosis of any of these conditions and analyzing the serum for the presence of ASCA, which corroborates the suspected diagnosis. A method of determining a predisposition for developing Crohn's, in a human subject who does not present a set of symptoms characteristic of the disease and who has small intestinal bacterial overgrowth, involves sampling serum from the subject and analyzing the serum for the presence or absence of ASCA. The presence of ASCA in the serum indicates a predisposition for developing Crohn's disease. Also disclosed is a kit for diagnosing and treating small intestinal bacterial overgrowth, irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, or an autoimmune disease, such as multiple sclerosis or systemic lupus erythematosus. The kit is useful to improve symptoms, including hyperalgesia related to ***SIBO*** and disorders caused by ***SIBO*** .

L2 ANSWER 5 OF 5 CAPLUS COPYRIGHT 2002 ACS
AN 2001:115322 CAPLUS
DN 134:159863
TI Methods of diagnosing or treating irritable bowel syndrome and other disorders caused by small intestinal bacterial overgrowth
IN ***Lin, Henry C.*** ; Pimental, Mark
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl., 43 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001011077	A2	20010215	WO 2000-US22030	20000811
WO 2001011077	A3	20010830		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT,

LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU,
SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU,
ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,
DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ,
CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
EP 1200828 A2 20020502 EP 2000-952739 20000811
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
IE, SI, LT, LV, FI, RO, MK, CY, AL
PRAI US 1999-374142 A 19990811
WO 2000-US22030 W 20000811
AB Disclosed is a method of diagnosing irritable bowel syndrome,
fibromyalgia, chronic fatigue syndrome, depression, attention
deficit/hyperactivity disorder, autoimmune diseases, such as multiple
sclerosis and systemic lupus erythematosus, or Crohn's disease, which
involves detecting the presence of small intestinal bacterial overgrowth (
SIBO) in a human subject having at least one symptom assocd. with
a suspected diagnosis of any of those diagnostic categories. Also
disclosed is a method of treating these disorders, and other disorders
caused by ***SIBO*** , that involves at least partially eradicating a
SIBO condition in the human subject. The method includes
administration of anti-microbial or probiotic agents, or normalizing
intestinal motility by employing a prokinetic agent. The method improves
symptoms, including hyperalgesia related to ***SIBO*** and disorders
caused by ***SIBO*** . Also disclosed is a kit for the diagnosis or
treatment of irritable bowel syndrome, fibromyalgia, chronic fatigue
syndrome, depression, attention deficit/hyperactivity disorder, autoimmune
diseases, or Crohn's disease. Breath hydrogen testing was done on
patients after an overnight fast and swallowing Chronulac formula contg.
10 g lactulose. Breath samples were analyzed for hydrogen content with a
gas chromatograph.

=> s e2-e4 and (intestinal)
L3 49 ("LIN HENRY"/AU OR "LIN HENRY C"/AU OR "LIN HENRY C H"/AU) AND
(INTESTINAL)

=> dup rem l3
PROCESSING COMPLETED FOR L3
L4 40 DUP REM L3 (9 DUPLICATES REMOVED)

=> d bib ab 1-
YOU HAVE REQUESTED DATA FROM 40 ANSWERS - CONTINUE? Y/(N):y

L4 ANSWER 1 OF 40 CAPLUS COPYRIGHT 2002 ACS DUPLICATE 1
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating small ***intestinal*** bacterial
overgrowth and related conditions
IN ***Lin, Henry C.*** ; Pimentel, Mark
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English

FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018

PRAI US 1995-442843 B1 19950517
US 1997-832307 A1 19970403
US 1999-359583 B2 19990722
US 1999-374142 A2 19990811
US 1999-420046 A2 19991018
US 2000-546119 A2 20000410

AB Disclosed is a method of treating small ***intestinal*** bacterial overgrowth (SIBO) or a SIBO-caused condition in a human subject. SIBO-caused conditions include irritable bowel syndrome, fibromyalgia, chronic pelvic pain syndrome, chronic fatigue syndrome, depression, impaired mentation, impaired memory, halitosis, tinnitus, sugar craving, autism, attention deficit/hyperactivity disorder, drug sensitivity, an autoimmune disease, and Crohn's disease. Examples are provided showing effects of antibiotics on SIBO, demonstrating the roles of peptide YY and the serotoninergic/adrenergic/opioid pathways in SIBO, and the effects of ondansetron, propranolol, norepinephrine and naloxone on ***intestinal*** transit. The invention thus relates to slowing upper gastrointestinal transit, thereby enhancing the digestion and/or absorption of predigested nutrients. Gastrointestinal transit-slowing compns. comprise active agents such as lipids, serotonin, serotonin agonists, serotonin re-uptake inhibitors, peptide YY, calcitonin gene-related peptide, adrenergic agonists and opioid agonists. Also disclosed are a method of screening for the abnormally likely presence of SIBO in a human subject and a method of detecting SIBO in a human subject. A method of detg. the relative severity of SIBO or a SIBO-caused condition in a human subject, in whom small ***intestinal*** bacterial overgrowth has been detected, is also disclosed.

L4 ANSWER 2 OF 40 CAPLUS COPYRIGHT 2002 ACS
AN 2002:695258 CAPLUS
TI ***Intestinal*** Transit of Fat Depends on Accelerating Effect of Cholecystokinin and Slowing Effect of an Opioid Pathway
AU ***Lin, Henry C.*** ; Zaidel, Oren; Hum, Susan
CS USA. School of Medicine, California 90048, Los Angeles, CSMC Burns & Allen Research Institute, Cedars-Sinai Medical Center, Department of Medicine, GI Motility Program and Section of Nutrition, University of California, Los Angeles, Los Angeles, CA, 90024, USA
SO Digestive Diseases and Sciences (2002), 47(10), 2217-2221
CODEN: DDSCDJ; ISSN: 0163-2116
PB Kluwer Academic/Plenum Publishers
DT Journal
LA English
AB Fat has been described to both accelerate and slow ***intestinal*** transit. We hypothesized that the fat-induced jejunal brake depends on the combined accelerating effect of CCK and the slowing effect of an opioid pathway. Using a multifistulated model, ***intestinal*** transit was measured in four dogs, while 60 mM oleate was delivered into the proximal gut with either 0 or 6 mg naloxone, and 0.1 mg/kg devazepide

(a peripheral CCK-A-receptor antagonist) administered intraluminally and i.v., resp. In a second study, ***intestinal*** transit was measured in seven dogs, while naloxone was delivered intraluminally at 0-, 3-, 6-, or 12-mg doses. Compared to the jejunal brake (marker recovery of 50.1 .+-. 2.6%), ***intestinal*** transit was slowed by the CCK-A antagonist (36.4 .+-. 8.3%; $P < 0.05$) and accelerated by naloxone (82.0 .+-. 6.8%; $P < 0.05$). The accelerating effect of CCK occurred early in the transit response, while the dose-dependent effect ($P < 0.05$) of naloxone occurred later. We conclude that fat-induced jejunal brake depends on the early accelerating effect of CCK and the later slowing effect of a naloxone-sensitive opioid pathway.

L4 ANSWER 3 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:71645 BIOSIS
DN PREV200200071645
TI Small ***intestinal*** bacterial overgrowth is associated with irritable bowel syndrome: The cart lands squarely in front of the horse: Response to Drs. Jones et al.
AU Pimentel, Mark (1); ***Lin, Henry C.***
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (November, 2001) Vol. 96, No. 11, pp. 3204-3205. http://www.elsevier.com/locate/amjgastro. print.
ISSN: 0002-9270.
DT Letter
LA English

L4 ANSWER 4 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:422534 BIOSIS
DN PREV200100422534
TI Small ***intestinal*** bacterial overgrowth and the irritable bowel syndrome: Response to Dr. Riordan et al.
AU Pimentel, Mark (1); ***Lin, Henry C.***
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2507-2508. print.
ISSN: 0002-9270.
DT Letter
LA English
SL English

L4 ANSWER 5 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:422428 BIOSIS
DN PREV200100422428
TI Re: Pimentel et al.: Eradication of small ***intestinal*** bacterial overgrowth reduces symptoms of irritable bowel syndrome: Response to Drs. Mishkin.
AU Pimentel, Mark (1); ***Lin, Henry C.***
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2505-2506. print.
ISSN: 0002-9270.
DT Letter

LA English
SL English

L4 ANSWER 6 OF 40 CAPLUS COPYRIGHT 2002 ACS
AN 2001:112376 CAPLUS
TI Method of diagnosing irritable bowel syndrome and other disorders caused by small ***intestinal*** bacterial overgrowth by detecting the presence of anti-saccharomyces cerivisiae antibodies (asca) in human serum
IN ***Lin, Henry C.*** ; Pimental, Mark
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001011334	A2	20010215	WO 2000-US22168	20000811
WO 2001011334	A3	20010712		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRAI US 1999-374143 A 19990811
AB Disclosed is a method of diagnosing small ***intestinal*** bacterial overgrowth (SIBO), irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder (ADHD), or an autoimmune disease by sampling serum from a human subject having a suspected diagnosis of any of these conditions and analyzing the serum for the presence of ASCA, which corroborates the suspected diagnosis. A method of determining a predisposition for developing Crohn's, in a human subject who does not present a set of symptoms characteristic of the disease and who has small ***intestinal*** bacterial overgrowth, involves sampling serum from the subject and analyzing the serum for the presence or absence of ASCA. The presence of ASCA in the serum indicates a predisposition for developing Crohn's disease. Also disclosed is a kit for diagnosing and treating small ***intestinal*** bacterial overgrowth, irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, or an autoimmune disease, such as multiple sclerosis or systemic lupus erythematosus. The kit is useful to improve symptoms, including hyperalgesia related to SIBO and disorders caused by SIBO.

L4 ANSWER 7 OF 40 CAPLUS COPYRIGHT 2002 ACS
AN 2001:115322 CAPLUS
DN 134:159863
TI Methods of diagnosing or treating irritable bowel syndrome and other disorders caused by small ***intestinal*** bacterial overgrowth
IN ***Lin, Henry C.*** ; Pimental, Mark
PA Cedars-Sinai Medical Center, USA

SO PCT Int. Appl., 43 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001011077	A2	20010215	WO 2000-US22030	20000811
WO 2001011077	A3	20010830		
EP 1200828	A2	20020502	EP 2000-952739	20000811

PI WO 2001011077 A2 20010215 WO 2000-US22030 20000811
WO 2001011077 A3 20010830
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
EP 1200828 A2 20020502 EP 2000-952739 20000811
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL
PRAI US 1999-374142 A 19990811
WO 2000-US22030 W 20000811
AB Disclosed is a method of diagnosing irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, autoimmune diseases, such as multiple sclerosis and systemic lupus erythematosus, or Crohn's disease, which involves detecting the presence of small ***intestinal*** bacterial overgrowth (SIBO) in a human subject having at least one symptom assocd. with a suspected diagnosis of any of those diagnostic categories. Also disclosed is a method of treating these disorders, and other disorders caused by SIBO, that involves at least partially eradicating a SIBO condition in the human subject. The method includes administration of anti-microbial or probiotic agents, or normalizing ***intestinal*** motility by employing a prokinetic agent. The method improves symptoms, including hyperalgesia related to SIBO and disorders caused by SIBO. Also disclosed is a kit for the diagnosis or treatment of irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, autoimmune diseases, or Crohn's disease. Breath hydrogen testing was done on patients after an overnight fast and swallowing Chronulac formula contg. 10 g lactulose. Breath samples were analyzed for hydrogen content with a gas chromatograph.

L4 ANSWER 8 OF 40 USPATFULL
AN 2001:221042 USPATFULL
TI Use of 5-aminosalicylates as antimicrobial agents
IN ***Lin, Henry C.*** , Manhattan Beach, CA, United States
Pimentel, Mark, Los Angeles, CA, United States
PA Cedars-Sinai Medical Center, Los Angeles, CA, United States (U.S. corporation)
PI US 6326364 B1 20011204
AI US 1999-246645 19990208 (9)
DT Utility
FS GRANTED
EXNAM Primary Examiner: Weddington, Kevin E.

LREP Sidley Austin Brown & Wood
CLMN Number of Claims: 84
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1770
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A method of inhibiting the growth of a bacterial species in a human or non-human vertebrate employs the antimicrobial (i.e., antibiotic) properties of 5-aminosalicylates. These antimicrobial properties are also employed in an antimicrobial method of inhibiting the growth of a bacterial species in a foodstuff and in foodstuffs containing a 5-aminosalicylate compound. Pharmaceutical compositions, foodstuffs, food containers, food-handling implements, cleansers, polishes, paints, sprays, soaps, or detergents comprise 5-aminosalicylate compounds, such as mesalamine, sulphasalazine, olsalazine, ipsalazine, salicylazobenzoic acid, balsalazide, or conjugated bile acids, including ursodeoxycholic acid-5-aminosalicylic acid. The present pharmaceutical compositions can be formulated for ingestive, colonic, or topical non-systemic delivery systems or for any systemic delivery systems. Formulation can be for human or veterinary administration. Using the method and pharmaceutical preparations the growth of bacterial species, such as Clostridium perfringens, Clostridium difficile, Clostridium botulinum, and Clostridium tetani can be inhibited.

L4 ANSWER 9 OF 40 CAPLUS COPYRIGHT 2002 ACS
AN 2001:287247 CAPLUS
DN 135:205293
TI Slowing of gastrointestinal transit by oleic acid: a preliminary report of a novel, nutrient-based treatment in humans
AU ***Lin, Henry C.*** ; Van Citters, Gregg W.; Heimer, Felicia; Bonorris, George
CS GI Motility Program and Section of Nutrition, Department of Medicine, Cedars-Sinai Medical Center, CSMC Burns and Allen Research Institute, Los Angeles, CA, 90048, USA
SO Digestive Diseases and Sciences (2001), 46(2), 223-229
CODEN: DDSCDJ; ISSN: 0163-2116
PB Kluwer Academic/Plenum Publishers
DT Journal
LA English
AB Chronic diarrhea may occur when gastrointestinal transit is abnormally rapid. We hypothesized that oleic acid given prior to a meal would slow gastrointestinal transit and reduce diarrhea by activating nutrient-triggered inhibitory feedback mechanisms in the small intestine. Transit time was measured in eight normal subjects following ingestion of a control emulsion (0 mL oleic acid), and in 45 patients with chronic diarrhea following ingestion of emulsions contg. 0, 1.6, and 3.2 mL oleic acid. Stool vol. and frequency on and off treatment were compared. Transit time in normal subjects was 102.4.+-.11.2 min (mean .+-. SE). Transit times in patients was shorter at 29.3.+-.2.8 min with the 0-mL dose ($P < 0.001$), but increased to 57.2.+-.4.5 min with the 1.6-mL dose and to 83.3.+-.5.2 min with the 3.2-mL dose ($P < 0.001$). In the 18 patients who provided stool records, frequency of bowel movements decreased from 6.9.+-.0.8 to 5.4.+-.0.9 bowel movements/24 h ($P < 0.05$) and stool vol. decreased from 1829.0.+-.368.6 to 1322.5.+-.256.9 mL/24 h with treatment ($P < 0.05$). An emulsion contg. oleic acid slowed

gastrointestinal transit and reduced diarrhea by activating nutrient-triggered inhibitory feedback mechanisms in the small intestine.
RE.CNT 28 THERE ARE 28 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 10 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:201510 BIOSIS
DN PREV200100201510
TI ***Intestinal*** transit in dogs is accelerated by volume distension during fat-induced jejunal brake.
AU ***Lin, Henry C. (1)*** ; Perdomo, Oscar L.; Zhao, Xiao-Tuan
CS (1) Cedars-Sinai Medical Center, 8635 W. 3rd St., No. 770W, Los Angeles, CA, 90048-1869 USA
SO Digestive Diseases and Sciences, (January, 2001) Vol. 46, No. 1, pp. 19-23. print.
ISSN: 0163-2116.
DT Article
LA English
SL English
AB ***Intestinal*** transit is accelerated by volume distension and slowed by nutrient load. We hypothesized that the accelerating effect of volume distension might overcome the slowing effect of nutrient. To test this hypothesis, we compared ***intestinal*** transit in five dogs equipped with duodenal and mid- ***intestinal*** fistulas. The proximal half of the small intestine was perfused with 60 mM oleate, while the distal half of the small intestine was either perfused with buffer (with distension) or left unperfused (without distension). We found that ***intestinal*** transit was slowed by oleate (with marker recovery reduced from 85.8 +- 5.3 to 39.4 +- 7.5%) ($P < 0.01$) and that volume distension accelerated ***intestinal*** transit so that marker recovery increased from 39.4 +- 7.5 without distension to 60.8 +- 6.3% with distension ($P < 0.05$). We concluded that ***intestinal*** transit is accelerated by volume distension during fat-induced jejunal brake.

L4 ANSWER 11 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:222447 BIOSIS
DN PREV200200222447
TI Small ***intestinal*** bacterial overgrowth is significantly more prevalent in IBS compared to controls.
AU Pimentel, Mark (1); Chow, Evelyn J. (1); ***Lin, Henry C. (1)***
CS (1) GI Motility Program, Cedars-Sinai Medical Ctr, UCLA, Los Angeles, CA USA
SO Gastroenterology, (April, 2001) Vol. 120, No. 5 Supplement 1, pp. A.758. http://www.gastrojournal.org/. print.
Meeting Info.: 102nd Annual Meeting of the American Gastroenterological Association and Digestive Disease Week Atlanta, Georgia, USA May 20-23, 2001
ISSN: 0016-5085.
DT Conference
LA English

L4 ANSWER 12 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:210796 BIOSIS
DN PREV200200210796
TI Slowing of ***intestinal*** transit by PYY depends on an

ondansetron-sensitive, serotonergic pathway.
AU ***Lin, Henry C. (1)*** ; Chen, Jin Hai (1); Hum, Susan (1)
CS (1) Cedars-Sinai Medical Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2001) Vol. 120, No. 5 Supplement 1, pp. A.224-A.225. http://www.gastrojournal.org/. print.
Meeting Info.: 102nd Annual Meeting of the American Gastroenterological Association and Digestive Disease Week Atlanta, Georgia, USA May 20-23, 2001
ISSN: 0016-5085.
DT Conference
LA English

L4 ANSWER 13 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:210793 BIOSIS
DN PREV200200210793
TI Slowing of ***intestinal*** transit by fat is reversed by 5-HT3 or 5-HT4 receptor antagonists in the rat.
AU ***Lin, Henry C. (1)*** ; Perdomo, Oscar; Hum, Susan; Fisher, Henry
CS (1) GI Motility Program, Cedars-Sinai Medical Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2001) Vol. 120, No. 5 Supplement 1, pp. A.224. http://www.gastrojournal.org/. print.
Meeting Info.: 102nd Annual Meeting of the American Gastroenterological Association and Digestive Disease Week Atlanta, Georgia, USA May 20-23, 2001
ISSN: 0016-5085.
DT Conference
LA English

L4 ANSWER 14 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:175946 BIOSIS
DN PREV200200175946
TI Slowing of ***intestinal*** transit by PYY depends on an adrenergic pathway.
AU ***Lin, Henry C. (1)*** ; Chen, Jin Hal (1); Hum, Susan (1)
CS (1) Cedars-Sinai Medical Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2001) Vol. 120, No. 5 Supplement 1, pp. A.72. http://www.gastrojournal.org/. print.
Meeting Info.: 102nd Annual Meeting of the American Gastroenterological Association and Digestive Disease Week Atlanta, Georgia, USA May 20-23, 2001
ISSN: 0016-5085.
DT Conference
LA English

L4 ANSWER 15 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:210791 BIOSIS
DN PREV200200210791
TI Serotonin is released by fat, PYY or 5-HT.
AU ***Lin, Henry C. (1)*** ; Chen, Jin Hai (1); Hum, Susan (1)
CS (1) Cedars-Sinai Medical Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2001) Vol. 120, No. 5 Supplement 1, pp. A.223. http://www.gastrojournal.org/. print.
Meeting Info.: 102nd Annual Meeting of the American Gastroenterological Association and Digestive Disease Week Atlanta, Georgia, USA May 20-23, 2001

ISSN: 0016-5085.
DT Conference
LA English

L4 ANSWER 16 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:52962 BIOSIS
DN PREV200100052962
TI Eradication of small ***intestinal*** bacterial overgrowth reduces symptoms of irritable bowel syndrome.
AU Pimentel, Mark (1); Chow, Evelyn J.; ***Lin, Henry C.***
CS (1) Cedars-Sinai Medical Center, 8700 Beverly Blvd., Suite 7511, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (December, 2000) Vol. 95, No. 12, pp. 3503-3506. print.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB OBJECTIVES: Irritable bowel syndrome is the most common gastrointestinal diagnosis. The symptoms of irritable bowel syndrome are similar to those of small ***intestinal*** bacterial overgrowth. The purpose of this study was to test whether overgrowth is associated with irritable bowel syndrome and whether treatment of overgrowth reduces their ***intestinal*** complaints. METHODS: Two hundred two subjects in a prospective database of subjects referred from the community undergoing a lactulose hydrogen breath test for assessment of over-growth were Rome I criteria positive for irritable bowel syndrome: They were treated with open label antibiotics after positive breath test. Subjects returning for follow-up breath test to confirm eradication of overgrowth were also assessed. Subjects with inflammatory bowel disease, abdominal surgery, or subjects demonstrating rapid transit were excluded. Baseline and after treatment symptoms were rated on visual analog scales for bloating, diarrhea, abdominal pain, defecation relief, mucous, sensation of incomplete evacuation, straining, and urgency. Subjects were blinded to their breath test results until completion of the questionnaire. RESULTS: Of 202 irritable bowel syndrome patients, 157 (78%) had overgrowth. Of these, 47 had follow-up testing. Twenty-five of 47 follow-up subjects had eradication of small ***intestinal*** bacterial overgrowth. Comparison of those that eradicated to those that failed to eradicate revealed an improvement in irritable bowel syndrome symptoms with diarrhea and abdominal pain being statistically significant after Bonferroni correction ($p < 0.05$). Furthermore, 48% of eradicated subjects no longer met Rome criteria ($chi2 = 12.0$, $p < 0.001$). No difference was seen if eradication was not successful. CONCLUSIONS: Small ***intestinal*** bacterial overgrowth is associated with irritable bowel syndrome. Eradication of the overgrowth eliminates irritable bowel syndrome by study criteria in 48% of subjects.

L4 ANSWER 17 OF 40 CAPLUS COPYRIGHT 2002 ACS
AN 2000:849217 CAPLUS
DN 134:13734
TI Release of distal gut peptide YY (PYY) by fat in proximal gut depends on CCK
AU ***Lin, Henry C.*** ; Chey, William Y.; Zhao, Xiao-Tuan
CS Department of Medicine, Cedars-Sinai Medical Center, Burns and Allen

Research Institute, Los Angeles, CA, 90048, USA
SO Peptides (New York) (2000), 21(10), 1561-1563
CODEN: PPTDD5; ISSN: 0196-9781
PB Elsevier Science Inc.
DT Journal
LA English
AB We tested the hypothesis that the release of PYY by fat confined to the proximal small intestine is dependent on cholecystokinin (CCK). Using a multi-fistulated model, plasma PYY levels were compared in 6 dogs after 60 mM oleate was perfused into the proximal one-half of the small intestine following i.v. administration of saline or devazepide, a CCK-A antagonist. Plasma PYY increased with fat, but plasma PYY level was lower following devazepide at 60 min and 90 min. We conclude that CCK serves as a foregut signal linking fat in the proximal gut with the release of distal gut PYY.
RE.CNT 13 THERE ARE 13 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 18 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 2
AN 2000:350063 BIOSIS
DN PREV200000350063
TI Slowing of ***intestinal*** transit by fat depends on naloxone-blockable efferent, opioid pathway.
AU Zhao, Xiao-Tuan; Wang, Lijie; ***Lin, Henry C. (1)***
CS (1) Cedars-Sinai Medical Center, 8635 W. 3rd St., Los Angeles, CA, 90048-1869 USA
SO American Journal of Physiology, (June, 2000) Vol. 278, No. 6 Part 1, pp. G866-G870. print.
ISSN: 0002-9513.
DT Article
LA English
SL English
AB Slowing of transit through the proximal small intestine by fat in the distal gut is termed the ileal brake. Intravenous naloxone, an opioid receptor antagonist, abolished the fat-induced ileal brake, suggesting that an endogenous opioid pathway may be involved in this response. To test the hypothesis that slowing of ***intestinal*** transit by fat in the distal half of the gut depends on an opioid pathway located on the efferent limb of this response, we compared ***intestinal*** transit in dogs equipped with duodenal and midgut fistulas while naloxone was either compartmentalized with oleate to the distal half of the gut or with buffer to the proximal half of the gut. We found that ***intestinal*** transit depended on the perfusion conditions ($P < 0.00001$). Specifically, compared with ileal brake (marker recovery of 35.7 +- 7.4%), ***intestinal*** transit was accelerated when naloxone was delivered into the proximal half of the gut (76.2 +- 5.2%) ($P < 0.005$) but not the distal half of the gut (29.4 +- 5.4%). We conclude that slowing of ***intestinal*** transit by fat in the distal half of the gut depends on an opioid pathway located on the efferent limb of the ileal brake.

L4 ANSWER 19 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:180597 BIOSIS
DN PREV200100180597
TI Identification of intestinofugal neurons projecting to the coeliac and superior mesenteric ganglia in the rat.

AU Furness, John B. (1); Koopmans, Henry S.; Robbins, Heather L.; ***Lin,*** *** Henry C.***
CS (1) Department of Anatomy and Cell Biology, Howard Florey Institute, University of Melbourne, Parkville, VIC, 3010: john.furness@anatomy.unimelb.edu.au Australia
SO Autonomic Neuroscience Basic & Clinical, (1 September, 2000) Vol. 83, No. 1-2, pp. 81-85. print.
ISSN: 1566-0702.
DT Article
LA English
SL English
AB Intestinofugal neurons are parts of the afferent limbs of inhibitory intestino- ***intestinal*** reflexes. These neurons have been mapped in guinea-pigs, where they have a gradient of increasing frequency of occurrence from oral to anal, but not in other species. In the present work in the rat, a species that is more amenable to physiological study than the guinea-pig, we have used retrograde tracing to map the distribution of the cell bodies of intestinofugal neurons projecting to the coeliac-superior mesenteric ganglion complex. Labelled nerve cells were found in the myenteric, but not the submucosal plexus. They were mono-axonal neurons, most with Dogiel type I morphology, and were immunoreactive for choline acetyltransferase, implying that they are cholinergic, which is consistent with functional studies. The cells increased in number per unit area from the stomach, through the small intestine, to the caecum. The results are consistent with physiological studies that reveal distal to proximal inhibitory reflexes that are more potent from distal compared to proximal sites.

L4 ANSWER 20 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:258241 BIOSIS
DN PREV200000258241
TI Eradication of small ***intestinal*** bacterial overgrowth decreases the gastrointestinal symptoms in fibromyalgia.
AU Pimentel, Mark (1); Chow, Evelyn J.; Bonorris, George; Hallegua, David; Wallace, Daniel; ***Lin, Henry C.***
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A413. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association . ISSN: 0016-5085.
DT Conference
LA English
SL English

L4 ANSWER 21 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:258242 BIOSIS
DN PREV200000258242
TI Eradication of small ***intestinal*** bacterial overgrowth decreases symptoms in chronic fatigue syndrome: A double blind, randomized study.
AU Pimentel, Mark (1); Hallegua, David; Chow, Evelyn J.; Wallace, Daniel; Bonorris, George; ***Lin, Henry C.***
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA

A414. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L4 ANSWER 22 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:258240 BIOSIS
DN PREV200000258240
TI Lack of infant breast feeding is associated with small ***intestinal*** bacterial overgrowth in adults.
AU Pimentel, Mark (1); Chow, Evelyn J. (1); ***Lin, Henry C. (1)***
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A413. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L4 ANSWER 23 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:258239 BIOSIS
DN PREV200000258239
TI Comparison of peak breath hydrogen production in patients with irritable bowel syndrome, chronic fatigue syndrome and fibromyalgia.
AU Pimentel, Mark (1); Chow, Evelyn J.; ***Lin, Henry C.***
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A413. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L4 ANSWER 24 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:257367 BIOSIS
DN PREV200000257367
TI Slowing of ***intestinal*** transit by oleate in the rat is abolished by luminal Ondansetron, a 5-HT3 receptor antagonist.
AU ***Lin, Henry C. (1)*** ; Perdomo, Oscar L. (1); Fisher, Henry A. (1)
CS (1) Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A636. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association

. ISSN: 0016-5085.
DT Conference
LA English
SL English

L4 ANSWER 25 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:257368 BIOSIS
DN PREV200000257368
TI Slowing of ***intestinal*** transit by peptide YY is abolished by luminal naloxone.
AU ***Lin, Henry C. (1)*** ; Hum, Susan (1); Chen, Jin Hai (1)
CS (1) Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A636. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L4 ANSWER 26 OF 40 USPATFULL
AN 1999:137324 USPATFULL
TI Methods and compositions for improving digestion and absorption in the small intestine
IN ***Lin, Henry C.*** , Manhattan Beach, CA, United States
PA Cedars-Sinai Medical Center, Los Angeles, CA, United States (U.S. corporation)
PI US 5977175 19991102
AI US 1997-832307 19970403 (8)
RLI Continuation of Ser. No. US 1995-442843, filed on 17 May 1995, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Raymond, Richard L.
LREP Pretty, Schroeder & Poplawski
CLMN Number of Claims: 63
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1350
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention provides methods and compositions for slowing gastrointestinal transit and prolonging residence time to optimize presentation and absorption of ingested nutrients and/or pharmacologically active agents in the small intestine to prevent and/or reduce ineffectiveness thereof due to malabsorption.

The present invention further provides methods and compositions for enhancing the bioavailability and therapeutic effectiveness of pharmacologically active agents.

L4 ANSWER 27 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1999:329492 BIOSIS
DN PREV199900329492

TI Inhibition of ***intestinal*** transit by fat depends on chain length of fatty acid.
AU ***Lin, Henry C. (1)*** ; Zhao, X. T. (1)
CS (1) Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 1999) Vol. 116, No. 4 PART 2, pp. A1030. Meeting Info.: Digestive Disease Week and the 100th Annual Meeting of the American Gastroenterological Association Orlando, Florida, USA May 16-19, 1999 American Gastroenterological Association . ISSN: 0016-5085.
DT Conference
LA English

L4 ANSWER 28 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 3
AN 1999:189015 BIOSIS
DN PREV199900189015
TI ***Intestinal*** fat-induced inhibition of meal-stimulated gastric acid secretion depends on CCK but not peptide YY.
AU Zhao, Xiao-Tuan; Walsh, John H.; Wong, Helen; Wang, Lijie; ***Lin, Henry*** *** C. (1)***
CS (1) Cedars-Sinai Med. Cent., 8700 Beverly Blvd., Los Angeles, CA 90048-1869 USA
SO American Journal of Physiology, (Feb., 1999) Vol. 276, No. 2 PART 2, pp. G550-G555. ISSN: 0002-9513.
DT Article
LA English
AB Fat in small intestine decreases meal-stimulated gastric acid secretion and slows gastric emptying. CCK is a mediator of this inhibitory effect (an enterogastrone). Because intravenously administered peptide YY (PYY) inhibits acid secretion, endogenous PYY released by fat may also be an enterogastrone. Four dogs were equipped with gastric, duodenal, and midgut fistulas. PYY antibody (anti-PYY) at a dose of 0.5 mg/kg or CCK-A receptor antagonist (devazepide) at a dose of 0.1 mg/kg was administered alone or in combination 10 min before the proximal half of the gut was perfused with 60 mM oleate or buffer. Acid secretion and gastric emptying were measured. We found that 1) peptone-induced gastric acid secretion was inhibited by ***intestinal*** fat ($P < 0.0001$), 2) inhibition of acid secretion by ***intestinal*** fat was reversed by CCK-A receptor antagonist ($P < 0.0001$) but not by anti-PYY, and 3) slowing of gastric emptying by fat was reversed by CCK-A antagonist ($P < 0.05$) but not by anti-PYY. We concluded that inhibition of peptone meal-induced gastric acid secretion and slowing of gastric emptying by ***intestinal*** fat depended on CCK but not on circulating PYY.

L4 ANSWER 29 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1998:90760 BIOSIS
DN PREV199800090760
TI Advances in nutrition and gastroenterology: Summary of the 1997 A.S.P.E.N. Research Workshop.
AU Klein, Samuel (1); Alpers, David H.; Grand, Richard J.; Levin, Marc S.; ***Lin, Henry C.*** ; Mansbach, Charles M.; Burant, Charles; Reeds, Peter; Rombeau, John L.
CS (1) Washington Univ. Sch. Med., 660 South Euclid Ave., Box 8127, St. Louis, MO 63110-1093 USA

SO Journal of Parenteral and Enteral Nutrition, (Jan.-Feb., 1998) Vol. 22, No. 1, pp. 3-13.
ISSN: 0148-6071.
DT General Review
LA English
AB Background: The 1997 A.S.P.E.N. Research Workshop was held at the annual meeting in San Francisco, on January 26, 1997. The workshop focused on advances in clinical and basic research involving the interface between nutrient and luminal gastroenterology. Methods: Presentations on the genetic regulation of gastrointestinal development, the molecular biology of small ***intestinal*** adaptation, the effect of nutrition support on ***intestinal*** mucosal mass, the relationship between nutrition and gastrointestinal motility, nutrient absorption, and gastrointestinal tract substrate metabolism were made by the preeminent leaders in the field. Results: The investigators presented an insightful analysis of each topic by reviewing data from their own laboratories and the published literature. Conclusions: This workshop underscored the important interactions between nutrition and luminal gastroenterology at the basic science, metabolic/ physiologic, and clinical levels. The integration of presentations from the different disciplines provided a unique interaction of information and ideas to advance our understanding of nutrition and gastrointestinal tract.

L4 ANSWER 30 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 4
AN 1998:73827 BIOSIS
DN PREV199800073827
TI ***Intestinal*** transit and absorption of soy protein in dogs depend on load and degree of protein hydrolysis.
AU Zhao, Xiao-Tuan (1); McCamish, Mark A.; Miller, Robert H.; Wang, Lijie (1); ***Lin, Henry C. (1)***
CS (1) Dep. Med., Cedars-Sinai Burns and Allen Res. Inst., Cedars-Sinai Med. Cent., Los Angeles, CA 90048 USA
SO Journal of Nutrition, (Dec., 1997) Vol. 127, No. 12, pp. 2350-2356.
ISSN: 0022-3166.
DT Article
LA English
AB Soy protein, in both intact and hydrolyzed forms, is widely used as the nitrogen source in infant and adult formulas. This protein is also consumed in vast quantities worldwide as soybean-based food products. Digestion is the rate-limiting step in the assimilation of proteins from the gut. As a result, ***intestinal*** transit must be slowed when a higher load of protein is available or when this nutrient is delivered in the intact rather than hydrolyzed form. However, little information is available on the effect of load and degree of hydrolysis of soy protein on ***intestinal*** transit and protein absorption. To test the hypothesis that inhibition of ***intestinal*** transit and protein absorption depend on the load of soy protein and the state of hydrolysis of this nutrient, we compared ***intestinal*** transit and protein absorption in dogs equipped with duodenal and midintestinal fistulas during ***intestinal*** perfusion with 0, 50, 100, or 200 g/L solutions of intact soy protein versus 0, 100, 200, 300, or 400 g/L solutions of hydrolyzed soy protein. We found that ***intestinal*** transit was slowed in a load-dependent fashion by intact ($P < 0.001$) and hydrolyzed ($P < 0.05$) soy protein. Soy protein inhibited ***intestinal*** transit

more potently in the intact than hydrolyzed form ($P < 0.05$). A greater amount of protein was absorbed by the proximal half of the small intestine when soy protein was delivered in the hydrolyzed than intact form ($P < 0.05$), and the efficiency of protein absorption was maintained at a high and nearly constant level of 82.6 to 87.4% for intact soy protein and 89.0 to 92.3% for hydrolyzed soy protein. We conclude that in dogs ***intestinal*** transit and absorption of soy protein depend on the load and the degree of protein hydrolysis.

L4 ANSWER 31 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 5
AN 1997:316944 BIOSIS
DN PREV199799607432
TI Fiber-supplemented enteral formula slows ***intestinal*** transit by intensifying inhibitory feedback from the distal gut.
AU ***Lin, Henry C. (1)*** ; Zhao, Xiao-Tuan; Chu, Alex W.; Lin, Yea Ping; Wang, Lijie
CS (1) Cedars-Sinai Med. Cent., 8700 Beverly Blvd., Los Angeles, CA 90048-1869 USA
SO American Journal of Clinical Nutrition, (1997) Vol. 65, No. 6, pp. 1840-1844.
ISSN: 0002-9165.
DT Article
LA English
AB Because an increase in flow rate accelerates ***intestinal*** transit, a reduction in the flow rate of formula delivery is recommended frequently for treatment of diarrhea that develops during enteral feeding. Because ***intestinal*** transit is slowed by nutrient-triggered inhibitory feedback, the rate of ***intestinal*** transit during enteral feeding may depend on a balance between the accelerating effect of flow and the inhibiting effect of the nutrient load. The addition of fiber to a formula may alter this balance. By delaying absorption of nutrients, fiber may extend the length of small intestine exposed to nutrients and thereby trigger more intense inhibitory feedback. To determine whether the addition of fiber favors nutrient-triggered inhibition over flow-driven acceleration, we studied ***intestinal*** transit after perfusion of a low-residue enteral formula compared with a fiber-supplemented formula at two perfusion rates (50 or 100 mL/h for 2 h) into the duodenum of dogs each with both a duodenal and midgut fistula. With the low-residue formula, ***intestinal*** transit accelerated when the flow rate increased from 50 to 100 mL/h (P lt 0.05). With the fibersupplemented formula, however, ***intestinal*** transit was inhibited regardless of the flow rate. To determine whether the fibersupplemented formula inhibited ***intestinal*** transit by displacing nutrients distally, we compared ***intestinal*** transit when the two formulas, delivered at 100 mL/h, were diverted completely at the midgut fistula. ***Intestinal*** transit of the fiber-supplemented formula increased by 400%, eliminating the difference in ***intestinal*** transit speed between the two formulas. We concluded that the fibersupplemented formula slowed ***intestinal*** transit by intensifying inhibitory feedback from the distal gut.

L4 ANSWER 32 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1997:129503 BIOSIS
DN PREV199799421316

TI ***Intestinal*** transit is more potently inhibited by fat in the distal (ileal brake) than in the proximal (jejunal brake) gut.
AU ***Lin, Henry C. (1)*** ; Zhao, Xiao-Tuan; Wang, Lijie
CS (1) Cedars-Sinai Med. Cent., 8700 Beverly Blvd., Los Angeles, CA 98048-1869 USA
SO Digestive Diseases and Sciences, (1997) Vol. 42, No. 1, pp. 19-25. ISSN: 0163-2116.
DT Article
LA English
AB Fat in the proximal and distal gut inhibits ***intestinal*** transit as the jejunal brake and the ileal brake. It is unknown, however, whether the ***intestinal*** transit response to fat in the proximal vs distal gut is different. Since surgical removal of the distal small intestine induced faster transit and greater steatorrhea than removal of the proximal small intestine, we hypothesized that the ileal brake inhibited ***intestinal*** transit more potently than the jejunal brake. In six dogs equipped with duodenal (10 cm from pylorus) and midintestinal (160 cm from pylorus) fistulas, we compared ***intestinal*** transit across an isolated 150-cm test segment (between fistulas), while 0 (buffer), 15, 30, or 60 mM oleate was delivered into either the proximal (between fistulas) or the distal (beyond the midintestinal fistula) half of the gut. The half of the gut not receiving oleate was perfused with buffer. Buffer perfused into both the proximal and the distal half of the gut served as the control. A meal was administered and diverted completely out of the duodenal fistula so that the studies were all done in the fed state. ***Intestinal*** transit was measured by counting for the recovery of a radioactive marker from the temporarily diverted output of the midintestinal fistula. We found that (1) ***intestinal*** transit was inhibited more potently by oleate in the distal than in the proximal half of the gut (region effect; P lt 0.01), (2) oleate inhibited ***intestinal*** transit in a load-dependent fashion (dose effect; P lt 0.05), and (3) load-dependent inhibition of ***intestinal*** transit by oleate depended on the region of exposure (interaction between load and region; P lt 0.01). We conclude that ***intestinal*** transit is more potently inhibited by fat-induced ileal than jejunal brake.

L4 ANSWER 33 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 6
AN 1996:280834 BIOSIS
DN PREV199699003190
TI Fat-induced ileal brake in the dog depends on peptide YY.
AU ***Lin, Henry C. (1)*** ; Zhao, Xiao-Tuan; Wang, Lijie; Wong, Helen
CS (1) Cedars-Sinai Med. Cent., 8700 Beverly Blvd. No. 7511, Losw Angeles, CA 90048-1869 USA
SO Gastroenterology, (1996) Vol. 110, No. 5, pp. 1491-1495. ISSN: 0016-5085.
DT Article
LA English
AB Background & Aims: Fat in the distal gut inhibits transit through the proximal small intestine as the ileal brake. Although the mediator of this response is not established, peptide YY (PYY) has been considered the most likely peptide candidate because inhibition of ***intestinal*** motility by fat in the distal gut correlated with the release of PYY but not other distal gut peptides such as enteroglucagon or neurotensin. Although intravenous administration of PYY inhibits ***intestinal***

transit, the role of this peptide remains to be confirmed because systemic PYY may not exert its effect by the same regulatory pathway as fat-induced ileal brake. The aim of this study was to definitively test the hypothesis that PYY mediates fat-induced ileal brake using the technique of peptide immunoneutralization. Methods: In a fistulated dog model, ***intestinal*** transit during perfusion of the distal gut with 60 mmol/L oleate (ileal brake) was examined after intravenous administration of 0.5 mg/kg of PYY antibody (anti-PYY), nonspecific immunoglobulin G (control), or 0.15 mol/L NaCl. ***Intestinal*** transit result (cumulative percent recovery of 99mTc) was normalized within each animal against the transit result of the 0.15 mol/L NaCl experiment. Results: ***Intestinal*** transit accelerated with PYY immunoneutralization, increasing cumulative percent recovery from 25.9 +- 6.2 (control) to 81.2 +- 6.3 (anti-PYY). Conclusions: Fat-induced ileal brake depends on PYY.

L4 ANSWER 34 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1996:184729 BIOSIS
DN PREV199698740858
TI Jejunal brake: Inhibition of ***intestinal*** transit by fat in the proximal small intestine.
AU ***Lin, Henry C. (1)*** ; Zhao, Xiao-Tuan; Wang, Lijie
CS (1) Cedars-Sinai Medical Center, 8700 Beverly Blvd., Los Angeles, CA 90048-1869 USA
SO Digestive Diseases and Sciences, (1996) Vol. 41, No. 2, pp. 326-329. ISSN: 0163-2116.
DT Article
LA English
AB Optimal absorption of fat requires adequate time of contact with the absorptive sites of the small intestine. In order to prevent steatorrhea, ***intestinal*** transit must be slowed in response to the fat that has emptied into the small intestine. ***Intestinal*** transit is known to be inhibited by fat in the ileum via the ileal brake. This response has suggested that the regulation of ***intestinal*** transit is a function of the distal small intestine. However, clinical observations suggest that the ileal brake is not the only control mechanism for ***intestinal*** transit. In short bowel patients with resection of the ileum, the proportion of fecal fat recovery remained constant even after the fat intake was increased threefold. In these patients, optimal fat absorption based on the slowing of ***intestinal*** transit must have been triggered by an inhibitory mechanism located outside of the distal small intestine. To test the hypothesis that fat in the proximal small intestine inhibited ***intestinal*** transit, we compared ***intestinal*** transit during perfusion of the proximal half of the small intestine with 0 (buffer only), 15, 30, or 60 mM oleate in dogs equipped with duodenal and mid- ***intestinal*** fistula. ***Intestinal*** transit across a 150-cm test segment (between fistulas) was measured by counting for the recovery of a radioactive marker in the output of the mid- ***intestinal*** fistula during the last 30 min of a 90-min perfusion. We found that oleate inhibited ***intestinal*** transit in a load-dependent fashion (P lt 0.005). Specifically, while the mean cumulative recovery of the transit marker was 95.5% during buffer perfusion, the recovery decreased when 15 mM (64.3%), 30 mM (54.7%), or 60 mM oleate (38.7%) was perfused into the proximal half of the small intestine. We conclude that fat in the proximal small intestine inhibits ***intestinal*** transit as the jejunal brake.

L4 ANSWER 35 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 7
AN 1996:474301 BIOSIS
DN PREV199699203857
TI Protein absorption depends on load-dependent inhibition of ***intestinal*** transit in dogs.
AU Zhao, Xiao-Tuan; Miller, Robert H.; McCamish, Mark A.; Wang, Lijie; ***Lin, Henry C. (1)***
CS (1) Cedars-Sinai Med. Cent., 8700 Beverly Boulevard, Los Angeles, CA 90048-1869 USA
SO American Journal of Clinical Nutrition, (1996) Vol. 64, No. 3, pp. 319-323.
ISSN: 0002-9165.
DT Article
LA English
AB Ileal perfusion of protein slows ***intestinal*** transit. Because optimal absorption of nutrients requires adequate time in contact with the mucosa, slowed ***intestinal*** transit may increase protein absorption by increasing the residence time of nutrients in the small intestine. Although protein supplements are routinely added to enteral feeding to correct protein malnutrition, little information is available on the effect of increasing the load of protein on ***intestinal*** transit and the efficiency of protein absorption. In six does equipped with duodenal and midintestinal fistulas, ***intestinal*** transit and the efficiency of protein absorption (percentage protein absorbed as estimated from the output of midintestinal fistula) were compared during ***intestinal*** perfusion with 0-, 50-, 100-, and 200-g/L solutions of a whey-based protein supplement. We found that ***intestinal*** transit slowed in a load-dependent fashion (P lt 0.05); the amount of protein absorbed within the proximal one-half of the small intestine increased in a load-dependent fashion (P lt 0.05) as ***intestinal*** transit slowed, and the percentage protein absorbed (reflecting the efficiency of protein absorption) was maintained at a high and nearly constant value of 66.5-72.5% across protein loads of 9-36 g. We conclude that enhanced protein absorption is associated with a load-dependent inhibition of ***intestinal*** transit.

L4 ANSWER 36 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 8
AN 1996:435121 BIOSIS
DN PREV199699148727
TI Fat absorption is not complete by midgut but is dependent on load of fat.
AU ***Lin, Henry C. (1)*** ; Zhao, Xiao-Tuan; Wang, Lijie
CS (1) Cedars-Sinai Med. Cent., 8700 Beverly Blvd., Los Angeles, CA 90048-1869 USA
SO American Journal of Physiology, (1996) Vol. 271, No. 1 PART 1, pp. G62-G67.
ISSN: 0002-9513.
DT Article
LA English
AB Since the intubation study of B. Borgstrom, A. Dahlqvist, and G. Lundh (J. Clin. Invest. 36: 1521-1536, 1957) in humans, the completion of fat absorption within the proximal small intestine has been widely accepted. Based on this report, it has been assumed that the distal small intestine

is exposed to fat only in the setting of pathology. This concept may be flawed, since completeness of fat absorption was calculated from the recovery of a water-soluble marker but the aqueous phase is now known to move independently from fat. To reexamine the question of whether fat absorption is complete by midgut, we measured the recovery of a fat-specific marker, 99mTc-thiocyanate, in a canine model equipped with duodenal and midgut fistulas. The fistulous output allowed for the measurement of the amount of fat entering the small intestine and the amount of fat entering the distal one-half of the small intestine. Emulsion meals containing 15 or 60 g of corn oil were tested. The importance of fat exposure of the distal one-half of the small intestine was further confirmed by comparing the fistulous fat recovery under two different patterns of exposure (allowing (ALL) or denying (150 cm) access to the distal small intestine). We found that fat recovery depended on 1) the dose of fat (15 vs. 60 g; P lt 0.0005), 2) the pattern of exposure (150 cm vs. ALL; P lt 0.01), and 3) the fistulous position (duodenal vs. midgut; P lt 0.005). Specifically, under a 150-cm exposure pattern, whereas 8.8 +- 1.8 g (means +- SE) of fat emptied into the duodenum after the 15-g fat meal, 32.6 +- 3.2 g emptied after the 60-g fat meal. Correspondingly, although 3.5 +- 1.5 g of fat were recoverable from the midgut fistulous output after the 15-g meal, a much larger amount, 17.1 +- 5.6 g of fat, was recoverable and therefore not absorbed by the proximal one-half of the small intestine after the 60-g meal. The amount of fat recovery at each fistula was reduced when chyme was allowed access to the whole gut (by triggering fat-induced ileal brake). We conclude that the ***intestinal*** length required for fat absorption depends on the load of fat in the meal so that, even after usual meals, absorption of fat is not complete by midgut.

L4 ANSWER 37 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 9

AN 1996:73995 BIOSIS

DN PREV199698646130

TI Bile salt-dependent inhibition of gallbladder emptying.

AU ***Lin, Henry C. (1)*** ; Zhao, Xiao-Tuan; Kwok, Greg M.; Gu, Yu-Guo; Elashoff, Janet D.

CS (1) Cedars-Sinai Med. Cent., 8700 Beverly Blvd., Los Angeles, CA 90048-1869 USA

SO American Journal of Physiology, (1995) Vol. 269, No. 6 PART 1, pp. G988-G993.
ISSN:-0002-9513.

DT Article

LA English

AB Little is known about the inhibitory controls of gallbladder emptying. Since cholestyramine, a binding agent that reduces luminal concentration of bile salt, has been reported to accelerate gallbladder emptying, suggesting that bile salt is inhibitory, we hypothesized that fat-stimulated gallbladder emptying is inhibited by a bile salt-dependent mechanism. To test this idea, we compared gallbladder emptying in 10 dogs equipped with duodenal and jejunal fistulas that allowed for complete diversion of the native bile while varying concentrations of bile salt were perfused into the small intestine. In six dogs, 30 mM oleate and 5, 10, or 20 mM sodium taurocholate was perfused into the whole intestine. Since bile salt availability alters fat absorption, in a separate experiment in seven dogs we also compared gallbladder emptying while 30 mM

oleate and 5 mM taurocholate were perfused between fistula and 0, 5, 10, or 20 mM taurocholate were perfused beyond jejunal fistula to separate fat from varying concentrations of bile salt. We found that ***intestinal*** taurocholate inhibited fat-stimulated gallbladder emptying in a dose-dependent fashion (P lt 0.01; analysis of variance, significant linear dose effect) and that the inhibitory effect of bile salt persisted when 5-20 mM taurocholate was perfused beyond the jejunal fistula (0 vs. average of 5-20 mM taurocholate, P lt 0.05, paired t-test). We conclude that fat-stimulated gallbladder emptying is inhibited by a bile salt-dependent inhibitory mechanism.

L4 ANSWER 38 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1994:312462 BIOSIS
DN PREV199497325462
TI Stimulation of duodenal motility by hyperosmolar mannitol depends on local osmoreceptor control.
AU ***Lin, Henry C. (1)*** ; Elashoff, Janet D.; Kwok, Greg M.; Gu, Yu-Guo; Meyer, James H.
CS (1) Cedars-Sinai Med. Cent., Suite 7511, 8700 Beverly Blvd., Los Angeles, CA 90048 USA
SO American Journal of Physiology, (1994) Vol. 266, No. 5 PART 1, pp. G940-G943.
ISSN: 0002-9513.
DT Article
LA English
AB Duodenal motility is stimulated by hyperosmolar solution. Since ***intestinal*** distension also stimulates ***intestinal*** motility, this increase in the motility response may be due to either stimulation of duodenal local osmoreceptor control or ***intestinal*** distension resulting from osmotic equilibration. To test which mechanism is primarily responsible for this osmotically sensitive effect, we compared the number of duodenal spike bursts in five dogs equipped with duodenal fistulas that allowed for the preservation or removal of ***intestinal*** distension. The response to 300 vs. 1,200 mosM mannitol was compared under three experimental perfusion methods: 1) distension was preserved both proximal and distal to the fistula (DD); 2) distension proximal to the fistula was removed (rD); and 3) distension both proximal and distal to the fistula was removed (rr). The test solutions had access to either the whole gut (DD and rD) or only the first 10 cm of the duodenum (rr). We found that 1) there were more spike bursts after the hyperosmolar solution (dose effect, P lt 0.05, analysis of variance); 2) there was no significant difference between the three experimental methods; and 3) the stimulating effect of hyperosmolar solution depended on the first 10 cm of the duodenum. Thus, since hyperosmolar solution increased duodenal motility regardless of whether ***intestinal*** distension was preserved or removed, the stimulating effect of hyperosmolar solution on duodenal motility was primarily the result of a local osmoreceptor control mechanism located in the first 10 cm of the duodenum.

L4 ANSWER 39 OF 40 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1995:75323 BIOSIS
DN PREV199598089623
TI Abnormal ***intestinal*** feedback in disorders of gastric emptying.
AU ***Lin, Henry C.***

CS Cedars-Sinai Med. Center, Suite 7511, 8700 Beverly Blvd., Los Angeles, CA 90048-1869 USA
SO Digestive Diseases and Sciences, (1994) Vol. 39, No. 12 SUPPL., pp. 54S-55S.
ISSN: 0163-2116.
DT Article
LA English
AB Many patients who complain of postprandial bloating discomfort and episodic nausea and vomiting exhibit abnormally slow gastric emptying of a standard meal during scintigraphic study. Nevertheless, on clinical grounds, the group of slow emptiers would appear to be comprised of two types of patients: (1) those with primary motor dysfunction (pump failure) and (2) those who have normal muscle performance but abnormally intense inhibition of gastric emptying by nutrients in small intestine (too much feedback). Our studies suggest that these two groups may be distinguished by varying the nutrient content in the test meal during multiple studies of gastric emptying.

L4 ANSWER 40 OF 40 CAPLUS COPYRIGHT 2002 ACS
AN 1991:99056 CAPLUS
DN 114:99056
TI Inhibition of gastric emptying by sodium oleate depends on length of intestine exposed to nutrient
AU ***Lin, Henry C.*** ; Doty, Jeffrey E.; Reedy, Terry J.; Meyer, James H.
CS Dep. Med., Cedars-Sinai Med. Cent., Los Angeles, CA, 90048, USA
SO Am. J. Physiol. (1990), 259(6, Pt. 1), G1031-G1036
CODEN: AJPHAP; ISSN: 0002-9513
DT Journal
LA English
AB In dogs with chronic ***intestinal*** fistulas, the intensity of ***intestinal*** feedback when different lengths of the small intestine were exposed to meals of 3, 9, or 27 mM Na oleate was compared. It was found that (1) inhibition of liq. emptying was dose dependent; (2) intensity of neg. feedback was dependent on both the concn. of the oleate and the length of gut exposed to fat; (3) a full inhibitory effect was achieved with exposure of fat to 150 cm of gut; (4) inhibition from the distal 50% of the gut was less potent than that generated from the proximal 50% of the gut; and (5) on a molar basis oleate was 20-fold as effective as glucose at inhibition of gastric emptying and this difference was related to the slower rate of fat absorption.

=> e pimentel mark/au
E1 1 PIMENTEL MARIA TERESA YEBRA/AU
E2 2 PIMENTEL MARIANO C JR/AU
E3 23 --> PIMENTEL MARK/AU
E4 1 PIMENTEL MARLUCE DE LYRA/AU
E5 1 PIMENTEL MARTIN/AU
E6 1 PIMENTEL MARY L/AU
E7 1 PIMENTEL MAURICIO/AU
E8 1 PIMENTEL MENDOZA A/AU
E9 1 PIMENTEL MIOSOTIS/AU
E10 5 PIMENTEL MONSARIS/AU
E11 1 PIMENTEL MONTES R/AU

E12 3 PIMENTEL MORALES G/AU

=> s e3
L5 23 "PIMENTEL MARK"/AU

=> dup rem l5
PROCESSING COMPLETED FOR L5
L6 21 DUP REM L5 (2 DUPLICATES REMOVED)

=> d bib ab 1-
YOU HAVE REQUESTED DATA FROM 21 ANSWERS - CONTINUE? Y/(N):y

L6 ANSWER 1 OF 21 CAPLUS COPYRIGHT 2002 ACS DUPLICATE 1
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating small intestinal bacterial overgrowth and related conditions
IN Lin, Henry C.; ***Pimentel, Mark***
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018
PRAI US 1995-442843	B1	19950517		
US 1997-832307	A1	19970403		
US 1999-359583	B2	19990722		
US 1999-374142	A2	19990811		
US 1999-420046	A2	19991018		
US 2000-546119	A2	20000410		

AB Disclosed is a method of treating small intestinal bacterial overgrowth (SIBO) or a SIBO-caused condition in a human subject. SIBO-caused conditions include irritable bowel syndrome, fibromyalgia, chronic pelvic pain syndrome, chronic fatigue syndrome, depression, impaired mentation, impaired memory, halitosis, tinnitus, sugar craving, autism, attention deficit/hyperactivity disorder, drug sensitivity, an autoimmune disease, and Crohn's disease. Examples are provided showing effects of antibiotics on SIBO, demonstrating the roles of peptide YY and the serotoninergic/adrenergic/opioid pathways in SIBO, and the effects of ondansetron, propranolol, norepinephrine and naloxone on intestinal transit. The invention thus relates to slowing upper gastrointestinal transit, thereby enhancing the digestion and/or absorption of predigested nutrients. Gastrointestinal transit-slowing compns. comprise active agents such as lipids, serotonin, serotonin agonists, serotonin re-uptake inhibitors, peptide YY, calcitonin gene-related peptide, adrenergic agonists and opioid agonists. Also disclosed are a method of screening for the abnormally likely presence of SIBO in a human subject and a method of detecting SIBO in a human subject. A method of detg. the relative

severity of SIBO or a SIBO-caused condition in a human subject, in whom small intestinal bacterial overgrowth has been detected, is also disclosed.

L6 ANSWER 2 OF 21 MEDLINE
AN 2002137680 MEDLINE
DN 21861968 PubMed ID: 11873099
TI Increased prevalence of irritable bowel syndrome in patients with gastroesophageal reflux.
AU ***Pimentel Mark*** ; Rossi Federico; Chow Evelyn J; Ofman Joshua; Fullerton Steven; Hassard Phillip; Lin Henry C
CS GI Motility Program, Department of Medicine, Cedars-Sinai Medical Center, CSMC Burns & Allen Research Institute, Los Angeles, California 90048, USA.. mark.pimentel@cshs.org
SO JOURNAL OF CLINICAL GASTROENTEROLOGY, (2002 Mar) 34 (3) 221-4. Journal code: 7910017. ISSN: 0192-0790.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200204
ED Entered STN: 20020302
Last Updated on STN: 20020426
Entered Medline: 20020425
AB GOALS: To determine the prevalence of irritable bowel syndrome (IBS) in subjects with gastroesophageal reflux disease (GERD) compared with non-GERD controls. STUDY: Two hundred subjects were identified from a list of Cedars-Sinai Medical Foundation patients and gastroenterology motility practice subjects with and without a potential diagnosis of GERD. All subjects were then evaluated independently by two blinded physicians who were asked to identify subjects with GERD based on taking a history (gold standard). A follow-up questionnaire was later mailed to patients. This questionnaire included Rome I criteria for IBS. The prevalence of IBS was compared between GERD and non-GERD subjects. Finally, to further strengthen the method, a retrospective review of all subjects' charts was conducted to identify patients who had had 24-hour pH tests, and the prevalence of IBS was determined in this subgroup. RESULTS: Of the 200 subjects, 90 (45%) patients returned the questionnaire. After excluding subjects with IBD and incomplete questionnaires, there were 84 subjects (35 with GERD) included in the analysis. Of the 35 GERD subjects, 25 (71%) were Rome I criteria positive for IBS, whereas only 17 of the 49 (35%) non-GERD subjects had IBS (odds ratio = 54.7, CI = 1.7-13.5, $p < 0.01$). In 11 of the GERD subjects a 24-hour pH study was available and confirmed GERD. Of these 11 subjects, 7 (64%) met Rome I criteria for IBS. CONCLUSION: There is a higher prevalence of IBS in subjects with GERD compared with subjects without GERD.

L6 ANSWER 3 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:71645 BIOSIS
DN PREV200200071645
TI Small intestinal bacterial overgrowth is associated with irritable bowel syndrome: The cart lands squarely in front of the horse: Response to Drs. Jones et al.
AU ***Pimentel, Mark (1)*** ; Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los

Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (November, 2001) Vol. 96, No. 11, pp. 3204-3205. http://www.elsevier.com/locate/amjgastro. print. ISSN: 0002-9270.
DT Letter
LA English

L6 ANSWER 4 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:422534 BIOSIS
DN PREV200100422534
TI Small intestinal bacterial overgrowth and the irritable bowel syndrome: Response to Dr. Riordan et al.
AU ***Pimentel, Mark (1)*** ; Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2507-2508. print. ISSN: 0002-9270.
DT Letter
LA English
SL English

L6 ANSWER 5 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:422428 BIOSIS
DN PREV200100422428
TI Re: Pimentel et al.: Eradication of small intestinal bacterial overgrowth reduces symptoms of irritable bowel syndrome: Response to Drs. Mishkin.
AU ***Pimentel, Mark (1)*** ; Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2505-2506. print. ISSN: 0002-9270.
DT Letter
LA English
SL English

L6 ANSWER 6 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 2
AN 2002:74125 BIOSIS
DN PREV200200074125
TI Use of 5-aminosalicylates as antimicrobial agents.
AU Lin, Henry C. (1); ***Pimentel, Mark***
CS (1) Manhattan Beach, CA USA
ASSIGNEE: Cedars-Sinai Medical Center
PI US 6326364 December 04, 2001
SO Official Gazette of the United States Patent and Trademark Office Patents, (Dec. 4, 2001) Vol. 1253, No. 1, pp. No Pagination. ftp://ftp.uspto.gov/pub/patdata/. e-file. ISSN: 0098-1133.
DT Patent
LA English
AB A method of inhibiting the growth of a bacterial species in a human or non-human vertebrate employs the antimicrobial (i.e., antibiotic) properties of 5-aminosalicylates. These antimicrobial properties are also

employed in an antimicrobial method of inhibiting the growth of a bacterial species in a foodstuff and in foodstuffs containing a 5-aminosalicylate compound. Pharmaceutical compositions, foodstuffs, food containers, food-handling implements, cleansers, polishes, paints, sprays, soaps, or detergents comprise 5-aminosalicylate compounds, such as mesalamine, sulphasalazine, olsalazine, ipsalazine, salicylazobenzoic acid, balsalazide, or conjugated bile acids, including ursodeoxycholic acid-5-aminosalicylic acid. The present pharmaceutical compositions can be formulated for ingestive, colonic, or topical non-systemic delivery systems or for any systemic delivery systems. Formulation can be for human or veterinary administration. Using the method and pharmaceutical preparations the growth of bacterial species, such as Clostridium perfringens, Clostridium difficile, Clostridium botulinum, and Clostridium tetani can be inhibited.

L6 ANSWER 7 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:484475 BIOSIS
DN PREV200100484475
TI Evidence- and consensus-based practice guidelines for the diagnosis of irritable bowel syndrome.
AU Fass, Ronnie; Longstreth, George F.; ***Pimentel, Mark*** ; Fullerton, Steven; Russak, Simcha M.; Chiou, Chiun-Fang; Reyes, Eileen; Crane, Paul; Eisen, Glenn; McCarberg, Bill; Ofman, Joshua (1)
CS (1) Zynx Health Inc, 9100 Wilshire Blvd, East Tower, Suite 655, Beverly Hills, CA, 90212: ofmanj@zynx.com USA
SO Archives of Internal Medicine, (September 24, 2001) Vol. 161, No. 17, pp. 2081-2088. print.
ISSN: 0003-9926.
DT Article
LA English
SL English
AB Background: Irritable bowel syndrome (IBS) presents a significant diagnostic and management challenge for primary care practitioners. Improving the accuracy and timeliness of diagnosis may result in improved quality and efficiency of care. Objective: To systematically appraise the existing diagnostic criteria and combine the evidence with expert opinion to derive evidence- and consensus-based guidelines for a diagnostic approach to patients with suspected IBS. Methods: We performed a systematic literature review (January 1966-April 2000) of computerized bibliographic databases. Articles meeting explicit inclusion criteria for diagnostic studies in IBS were subjected to critical appraisal, which formed the basis of guideline statements presented to an expert panel. To develop a diagnostic algorithm, an expert panel of specialists and primary care physicians was used to fill in gaps in the literature. Consensus was developed using a modified Delphi technique. Results: The systematic literature review identified only 13 published studies regarding the effectiveness of competing diagnostic approaches for IBS, the accuracy of diagnostic tests, and the internal validity of current diagnostic symptom criteria. Few studies met accepted methodological criteria. While symptom criteria have been validated, the utility of endoscopic and other diagnostic interventions remains unknown. An analysis of the literature, combined with consensus from experienced clinicians, resulted in the development of a diagnostic algorithm relevant to primary care that emphasizes a symptom-based diagnostic approach, refers patients with alarm symptoms to subspecialists, and reserves radiographic, endoscopic, and

other tests for referral cases. The resulting algorithm highlights the reliance on symptom criteria and comprises a primary module, 3 submodules based on the predominant symptom pattern (constipation, diarrhea, and pain) and severity level, and a subspecialist referral module.
Conclusions: The dearth of available evidence highlights the need for more rigorous scientific validation to identify the most accurate methods of diagnosing IBS. Until such time, the diagnostic algorithm presented herein could inform decision making for a range of providers caring for primary care patients with abdominal discomfort or pain and altered bowel function suggestive of IBS.

L6 ANSWER 8 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:236483 BIOSIS
DN PREV200100236483
TI Postprandial improvement of gastric dysrhythmias in patients with type II diabetes: Identification of responders and nonresponders.
AU Mathur, Ruchi; ***Pimentel, Mark*** ; Sam, Colleen L.; Chen, Jian De Z.; Bonorris, George G.; Barnett, Philip S.; Lin, Henry C. (1)
CS (1) Cedars-Sinai Medical Center, 8700 Beverly Blvd., Suite 7511, Los Angeles, CA, 90048 USA
SO Digestive Diseases and Sciences, (April, 2001) Vol. 46, No. 4, pp. 705-712. print.
ISSN: 0163-2116.
DT Article
LA English
SL English
AB Using the technique known as electrogastrography, we studied the postprandial response of gastric myoelectrial activity in subjects with type II diabetes. Seventy-one subjects with type II diabetes underwent 1 hr of fasting electrogastrography recording. HbA1c and fasting serum glucose levels were obtained. Subjects then underwent an additional 2 hr of electrogastrography recording in the post prandial state. Sixty of the 71 patients (85%) had gastric rhythm abnormalities in the fasting state. Forty-six of 71 subjects (65%) responded to the test meal by improving their electrogastrography tracings (responders) while 35% did not respond (nonresponders). The time spent in bradygastria during the fasting state by responders was 26.3 +- 12.8% vs 10.9 +- 8.5% for nonresponders ($P < 0.0001$). The percent tachygastria during the fasting state in responders was 19.8 +- 13.0%, which was less than nonresponders (38.3 +- 29.7%) ($P < 0.001$). Fasting plasma glucose and HbA1c could not be used to predict the gastric myoelectrical response to meal. In conclusion, gastric rhythm disturbances are common in type II diabetes; there was no correlation between HbA1c levels, age, duration of diabetes, or fasting serum glucose and gastric dysrhythmia in response to meal; two groups of subjects emerged: those who became less dysrhythmic in the post pradial state (responders) and those who did not (non-responders); and fasting bradygastria was associated with responders and fasting tachygastria was associated with nonresponders.

L6 ANSWER 9 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:222447 BIOSIS
DN PREV200200222447
TI Small intestinal bacterial overgrowth is significantly more prevalent in IBS compared to controls.
AU ***Pimentel, Mark (1)*** ; Chow, Evelyn J. (1); Lin, Henry C. (1)

CS (1) GI Motility Program, Cedars-Sinai Medical Ctr, UCLA, Los Angeles, CA USA
SO Gastroenterology, (April, 2001) Vol. 120, No. 5 Supplement 1, pp. A.758. http://www.gastrojournal.org/. print.
Meeting Info.: 102nd Annual Meeting of the American Gastroenterological Association and Digestive Disease Week Atlanta, Georgia, USA May 20-23, 2001
ISSN: 0016-5085.
DT Conference
LA English

L6 ANSWER 10 OF 21 CAPLUS COPYRIGHT 2002 ACS
AN 2000:553403 CAPLUS
DN 133:155459
TI Use of 5-aminosalicylates as antimicrobial agents
IN Lin, Henry C.; ***Pimentel, Mark***
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl., 32 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2000045803	A2	20000810	WO 2000-US2802	20000204
WO 2000045803	A3	20010405		
US 6326364	B1	20011204	US 1999-246645	19990208

W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRAI US 1999-246645 A 19990208
AB A method of inhibiting the growth of a bacterial species in a human or non-human vertebrate employs the antimicrobial (i.e., antibiotic) properties of 5-aminosalicylates. These antimicrobial properties are also employed in an antimicrobial method of inhibiting the growth of a bacterial species in a foodstuff and in foodstuffs contg. a 5-aminosalicylate compd. Pharmaceutical compns., foodstuffs, food containers, food-handling implements, cleansers, polishes, paints, sprays, soaps, or detergents comprise 5-aminosalicylate compds., such as mesalamine, sulphasalazine, olsalazine, ipsalazide, salicylazobenzoic acid, balsalazide, or conjugated bile acids, including ursodeoxycholic acid-5-aminosalicylic acid. The present pharmaceutical compns. can be formulated for ingestive, colonic, or topical non-systemic delivery systems or for any systemic delivery systems. Formulation can be for human or veterinary administration. Using the method and pharmaceutical prepns. the growth of bacterial species, such as Clostridium perfringens, Clostridium difficile, Clostridium botulinum, and Clostridium tetani can be inhibited.

L6 ANSWER 11 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:52962 BIOSIS
DN PREV200100052962
TI Eradication of small intestinal bacterial overgrowth reduces symptoms of irritable bowel syndrome.
AU ***Pimentel, Mark (1)*** ; Chow, Evelyn J.; Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8700 Beverly Blvd., Suite 7511, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (December, 2000) Vol. 95, No. 12, pp. 3503-3506. print.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB OBJECTIVES: Irritable bowel syndrome is the most common gastrointestinal diagnosis. The symptoms of irritable bowel syndrome are similar to those of small intestinal bacterial overgrowth. The purpose of this study was to test whether overgrowth is associated with irritable bowel syndrome and whether treatment of overgrowth reduces their intestinal complaints. METHODS: Two hundred two subjects in a prospective database of subjects referred from the community undergoing a lactulose hydrogen breath test for assessment of over-growth were Rome I criteria positive for irritable bowel syndrome: They were treated with open label antibiotics after positive breath test. Subjects returning for follow-up breath test to confirm eradication of overgrowth were also assessed. Subjects with inflammatory bowel disease, abdominal surgery, or subjects demonstrating rapid transit were excluded. Baseline and after treatment symptoms were rated on visual analog scales for bloating, diarrhea, abdominal pain, defecation relief, mucous, sensation of incomplete evacuation, straining, and urgency. Subjects were blinded to their breath test results until completion of the questionnaire. RESULTS: Of 202 irritable bowel syndrome patients, 157 (78%) had overgrowth. Of these, 47 had follow-up testing. Twenty-five of 47 follow-up subjects had eradication of small intestinal bacterial overgrowth. Comparison of those that eradicated to those that failed to eradicate revealed an improvement in irritable bowel syndrome symptoms with diarrhea and abdominal pain being statistically significant after Bonferroni correction ($p < 0.05$). Furthermore, 48% of eradicated subjects no longer met Rome criteria ($chi2 = 12.0$, $p < 0.001$). No difference was seen if eradication was not successful. CONCLUSIONS: Small intestinal bacterial overgrowth is associated with irritable bowel syndrome. Eradication of the overgrowth eliminates irritable bowel syndrome by study criteria in 48% of subjects.

L6 ANSWER 12 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:52959 BIOSIS
DN PREV200100052959
TI Identification of a prodromal period in Crohn's disease but not ulcerative colitis.
AU ***Pimentel, Mark (1)*** ; Chang, Michael; Chow, Evelyn J.; Tabibzadeh, Siamak; Kirit-Kiriak, Viorelia; Targan, Stephan R.; Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8700 Beverly Boulevard, Room 7511, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (December, 2000) Vol. 95, No. 12, pp. 3458-3462. print.
ISSN: 0002-9270.

DT Article
LA English
SL English
AB OBJECTIVES: Irritable bowel syndrome, a common gastrointestinal diagnosis, has not been clearly studied in inflammatory bowel disease. Some of the residual symptoms in subjects treated with Crohn's disease and ulcerative colitis are thought to be related to irritable bowel syndrome. The aims of this study were 1) to describe the duration and nature of complaints before the diagnosis of Crohn's disease and ulcerative colitis (prodromal period), and 2) to determine the role of IBS in this prodromal period. METHODS: A total of 66 patients with confirmed inflammatory bowel disease were enrolled in the study. The subjects received a questionnaire to ascertain the nature and duration of symptoms preceding the diagnosis of Crohn's disease or ulcerative colitis, including features described under the Rome criteria for irritable bowel syndrome. RESULTS: Of the 66 subjects analyzed, 45 had Crohn's disease and 21 had ulcerative colitis. The prodromal period was 7.7 +- 10.7 yr for Crohn's disease and 1.2 +- 1.8 yr for ulcerative colitis ($p < 0.05$). Once patients meeting the Rome criteria for irritable bowel syndrome during the prodrome were excluded, the duration of the prodromal period (non-IBS) for ulcerative colitis dropped to 0.8 +- 1.3 yr compared to 6.9 +- 9.8 yr in the Crohn's disease group ($p < 0.05$). The symptoms of the non-IBS prodrome in subjects with Crohn's disease were bloating, diarrhea, stomach pain, heartburn, fever, weight loss, and fatigue. Further analysis demonstrated that subjects whose Crohn's disease initially began as colonic disease had a longer prodrome than with small bowel. In the non-IBS Crohn's group, there was also a correlation between the age at the time of diagnosis and the duration of prodrome ($r = 0.67$, $p < 0.0001$). CONCLUSIONS: There is a significant prodromal period before the time of diagnosis of Crohn's disease that is not found in ulcerative colitis even after exclusive of subjects with IBS.

L6 ANSWER 13 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:507794 BIOSIS
DN PREV200000507794
TI Clinically significant gastrointestinal bleeding in critically ill patients in an era of prophylaxis.
AU ***Pimentel, Mark*** ; Roberts, Daniel E.; Bernstein, Charles N.; Hoppensack, Michael; Duerksen, Donald R. (1)
CS (1) Department of Medicine, Division of Gastroenterology, St. Boniface Hospital, C5120 409 Tache Avenue, Winnipeg, MB, R2H 2A6 Canada
SO American Journal of Gastroenterology, (October, 2000) Vol. 95, No. 10, pp. 2801-2806. print.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB OBJECTIVE: Clinical studies examining stress-related gastrointestinal bleeding in critically ill patients vary in their clinical definitions and assessment of clinical significance. Although there is evidence that routine prophylaxis decreases stress-related gastrointestinal bleeding, recent studies indicate a decreasing incidence, independent of the use of prophylactic medications. The purpose of this study was to determine the incidence of and risk factors for clinically significant, endoscopically proven gastrointestinal bleeding in critically ill patients. METHODS: A

database (prospectively collected data) of 8338 patients admitted to the surgical and medical intensive care units at major tertiary care center from July 1988 to April 1995 was examined. All patients with significant upper gastrointestinal bleeding as defined by a drop in hemoglobin of >20 g/L and endoscopic evidence of an upper GI tract source were identified. Risk factors for GI bleeding from stress ulceration were compared in bleeding and nonbleeding patients. A case-control study analyzing risk factors for bleeding in the abdominal aortic aneurysm subgroup was performed. RESULTS: After exclusion criteria, 12/7231 (0.17%) patients had clinically significant, endoscopically proven bleeding. Significant risk factors included age, septic shock, abdominal aortic aneurysm repair, and nutritional support. Intensive care unit stay was prolonged in patients with stress-related bleeding. There was no difference in incidence of hypotension, clamp time, APACHE score, or operating room time in patients with abdominal aortic aneurysm repair as compared with controls. CONCLUSIONS: In an intensive care unit where stress prophylaxis is widely used, clinically important gastrointestinal bleeding is uncommon. Further study is needed to define the optimal prophylaxis regimen and the role for its selective use in high-risk patients.

L6 ANSWER 14 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:258241 BIOSIS
DN PREV200000258241
TI Eradication of small intestinal bacterial overgrowth decreases the gastrointestinal symptoms in fibromyalgia.
AU ***Pimentel, Mark (1)*** ; Chow, Evelyn J.; Bonorris, George; Hallegua, David; Wallace, Daniel; Lin, Henry C.
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A413. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L6 ANSWER 15 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:269481 BIOSIS
DN PREV200000269481
TI Scintigraphic features of retrograde dominant constipation.
AU ***Pimentel, Mark (1)*** ; Wilder, M.; Waxman, Alan; Lin, Henry C.
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A667. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L6 ANSWER 16 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.

AN 2000:258242 BIOSIS
DN PREV200000258242
TI Eradication of small intestinal bacterial overgrowth decreases symptoms in chronic fatigue syndrome: A double blind, randomized study.
AU ***Pimentel, Mark (1)*** ; Hallegua, David; Chow, Evelyn J.; Wallace, Daniel; Bonorris, George; Lin, Henry C.
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A414. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L6 ANSWER 17 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:258240 BIOSIS
DN PREV200000258240
TI Lack of infant breast feeding is associated with small intestinal bacterial overgrowth in adults.
AU ***Pimentel, Mark (1)*** ; Chow, Evelyn J. (1); Lin, Henry C. (1)
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A413. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L6 ANSWER 18 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:258239 BIOSIS
DN PREV200000258239
TI Comparison of peak breath hydrogen production in patients with irritable bowel syndrome, chronic fatigue syndrome and fibromyalgia.
AU ***Pimentel, Mark (1)*** ; Chow, Evelyn J.; Lin, Henry C.
CS (1) GI Motility Program, Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 2000) Vol. 118, No. 4 Suppl. 2 Part 1, pp. AGA A413. print..
Meeting Info.: 101st Annual Meeting of the American Gastroenterological Association and the Digestive Disease Week. San Diego, California, USA May 21-24, 2000 American Gastroenterological Association
. ISSN: 0016-5085.
DT Conference
LA English
SL English

L6 ANSWER 19 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1999:331188 BIOSIS
DN PREV199900331188
TI Prolonged prodrome of gastrointestinal symptoms is associated with Crohn's

disease but not ulcerative colitis.
AU ***Pimentel, Mark (1)*** ; Tabibzadeh, S. (1); Kirit-Kiriak, V. (1); Papadakis, K. (1); Vasiliauskas, E. A. (1); Kam, L. (1); Targan, S. (1); Lin, Henry C. (1)
CS (1) Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 1999) Vol. 116, No. 4 PART 2, pp. A796. Meeting Info.: Digestive Disease Week and the 100th Annual Meeting of the American Gastroenterological Association Orlando, Florida, USA May 16-19, 1999 American Gastroenterological Association . ISSN: 0016-5085.
DT Conference
LA English

L6 ANSWER 20 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1999:336274 BIOSIS
DN PREV199900336274
TI Selective inhibition of enteric organisms by mesalamine.
AU ***Pimentel, Mark (1)*** ; Tabibzadeh, S. (1); Morgan, M. A. (1); Vasiliauskas, E. (1); Lin, Henry C. (1)
CS (1) Cedars-Sinai Med Ctr, Los Angeles, CA USA
SO Gastroenterology, (April, 1999) Vol. 116, No. 4 PART 2, pp. A796. Meeting Info.: Digestive Disease Week and the 100th Annual Meeting of the American Gastroenterological Association Orlando, Florida, USA May 16-19, 1999 American Gastroenterological Association . ISSN: 0016-5085.
DT Conference
LA English

L6 ANSWER 21 OF 21 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1999:346632 BIOSIS
DN PREV199900346632
TI Gastric dysrhythmia in type 2 diabetes correlates with parasympathetic dysfunction.
AU Mathur, Ruchi (1); ***Pimentel, Mark (1)*** ; Sam, Colleen (1); Bonorris, George (1); Barnett, Philip (1); Lin, Henry (1)
CS (1) Los Angeles, CA USA
SO Diabetes, (1999) Vol. 48, No. SUPPL. 1, pp. A150. Meeting Info.: 59th Scientific Sessions of the American Diabetes Association San Diego, California, USA June 19-22, 1999 American Diabetes Association . ISSN: 0012-1797.
DT Conference
LA English

=> s sibo
L7 120 SIBO

=> dup rem l7
PROCESSING COMPLETED FOR L7
L8 57 DUP REM L7 (63 DUPLICATES REMOVED)

=> s l8 and bacter?
L9 41 L8 AND BACTER?

=> d bib ab 1-
YOU HAVE REQUESTED DATA FROM 41 ANSWERS - CONTINUE? Y/(N):y

L9 ANSWER 1 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:115849 BIOSIS
DN PREV200200115849
TI Small intestinal ***bacterial*** overgrowth, intestinal permeability, and non-alcoholic steatohepatitis: Authors' reply.
AU Wigg, A. J. (1); Cummins, A. G.
CS (1) Department of Gastroenterology and Hepatology, Flinders Medical Center, Bedford Park, Adelaide, South Australia, 5042: AWigg.alan.wigg@flinders.edu.au Australia
SO Gut, (January, 2002) Vol. 50, No. 1, pp. 137-138. print. ISSN: 0017-5749.
DT Article
LA English

L9 ANSWER 2 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:115848 BIOSIS
DN PREV200200115848
TI Small intestinal ***bacterial*** overgrowth, intestinal permeability, and non-alcoholic steatohepatitis.
AU Riordan, S. M. (1); Duncombe, V. M.; Thomas, M. C.; Nagree, A.; Bolin, T. D.; McIver, C. J.; Williams, R.
CS (1) Gastrointestinal and Liver Unit, Prince of Wales Hospital, Barker Street, Randwick, NSW, 2031: riordans@sesahs.nsw.gov.au Australia
SO Gut, (January, 2002) Vol. 50, No. 1, pp. 136-137. print. ISSN: 0017-5749.
DT Article; Letter
LA English

L9 ANSWER 3 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:422534 BIOSIS
DN PREV200100422534
TI Small intestinal ***bacterial*** overgrowth and the irritable bowel syndrome: Response to Dr. Riordan et al.
AU Pimentel, Mark (1); Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2507-2508. print. ISSN: 0002-9270.
DT Letter
LA English
SL English

L9 ANSWER 4 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:422428 BIOSIS
DN PREV200100422428
TI Re: Pimentel et al.: Eradication of small intestinal ***bacterial*** overgrowth reduces symptoms of irritable bowel syndrome: Response to Drs. Mishkin.
AU Pimentel, Mark (1); Lin, Henry C.
CS (1) Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 770, Los

Angeles, CA, 90048 USA
SO American Journal of Gastroenterology, (August, 2001) Vol. 96, No. 8, pp. 2505-2506. print.
ISSN: 0002-9270.
DT Letter
LA English
SL English

L9 ANSWER 5 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:360128 BIOSIS
DN PREV200100360128
TI Postprandial alterations in serum unconjugated bile acid concentrations in normal dogs.
AU Ruaux, C. G. (1); Steiner, J. M. (1); Williams, D. A. (1)
CS (1) Gastrointestinal Laboratory, Texas A and M University, College Station, TX USA
SO Journal of Veterinary Internal Medicine, (May June, 2001) Vol. 15, No. 3, pp. 310. print.
Meeting Info.: 19th Annual American College of Veterinary Internal Medicine Forum Denver, CO, USA May 23-26, 2001
ISSN: 0891-6640.
DT Conference
LA English
SL English

L9 ANSWER 6 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:166125 BIOSIS
DN PREV200100166125
TI Small intestinal mucosal immunity and morphometry in luminal overgrowth of indigenous gut flora.
AU Riordan, Stephen M. (1); McIver, Christopher J.; Wakefield, Denis; Duncombe, Vic M.; Thomas, Mervyn C.; Bolin, Terry D.
CS (1) Department of Gastroenterology, Prince of Wales Hospital, Barker Street, Randwick, NSW, 2031 Australia
SO American Journal of Gastroenterology, (February, 2001) Vol. 96, No. 2, pp. 494-500. print.
ISSN: 0002-9270.
DT Article
LA English
SL English
AB OBJECTIVE: The aim of this study was to investigate the separate effects of indigenous oropharyngeal- and colonic-type flora on small intestinal mucosal immunity and morphometry in small intestinal ***bacterial*** overgrowth (***SIBO***). METHODS: A duodenal aspirate and random biopsies of underlying mucosa were obtained from 52 adult subjects (age range, 18-90 yr; median, 60 yr) without disorders that may otherwise disturb small intestinal histology or mucosal immunity. Villus height, crypt depth, villus/crypt ratios, counts of intraepithelial lymphocytes (IELs) and lamina propria total mononuclear cells, IgA, IgM, and IgG plasma cells, mast cells, and B and T lymphocytes were determined in relation to the presence or absence of ***SIBO*** and the nature of the overgrowth flora in all subjects. CD4+ve and CD8+ve T-cell counts were determined in 24 subjects. RESULTS: ***SIBO*** was present in 26 of 52 (50%) subjects. Overgrowth flora included colonic-type ***bacteria*** in 20 subjects and oropharyngeal-type flora alone in 6 subjects. Lamina

propria IgA plasma cell counts were significantly increased in subjects with SEBO, irrespective of whether the overgrowth flora comprised oropharyngeal-type flora alone or included colonic-type ***bacteria*** . Neither villus height, crypt depth, villus/crypt ratios, nor total or other mononuclear cell counts in lamina propria differed significantly between subjects with and without ***SIBO*** , irrespective of the nature of the overgrowth flora. IEL counts were significantly higher than in culture-negative subjects only when the overgrowth flora included colonic-type ***bacteria*** . Even then, IEL counts were within a range currently considered normal. A significant, inverse correlation between advancing age and IEL counts became apparent after adjusting for the effect of ***SIBO*** of colonic-type flora. CONCLUSIONS: ***SIBO*** of oropharyngeal- and colonic-type flora are associated with differing disturbances of local duodenal mucosa. Nonetheless, these would not be readily apparent during routine histological assessment. Old age independently influences duodenal IEL counts.

L9 ANSWER 7 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2001:130086 BIOSIS
DN PREV200100130086
TI Small intestinal ***bacterial*** overgrowth versus antimicrobial capacity in patients with spontaneous ***bacterial*** peritonitis.
AU Chang, C.-S. (1); Yang, S.-S.; Kao, C.-H.; Yeh, H.-Z.; Chen, G.-H.
CS (1) Division of Gastroenterology, Dept. of Internal Medicine, Taichung Veterans General Hospital, 3 Chung-Kang Rd., 160 Sec., Taichung, 407: changcs@vghtc.vghtc.gov.tw Taiwan
SO Scandinavian Journal of Gastroenterology, (January, 2001) Vol. 36, No. 1, pp. 92-96. print.
ISSN: 0036-5521.
DT Article
LA English
SL English
AB Background: Spontaneous ***bacterial*** peritonitis (SBP) is a serious infection in cirrhotic patients with ascites. Both defects in the host defense mechanisms and the enhancement of the offensive factor (small intestinal ***bacterial*** overgrowth (***SIBO***)) may contribute to the development of SBP. Therefore, the aim of this study was to evaluate the role of ***SIBO*** versus various antimicrobial capacities in the pathogenesis of SBP in cirrhotic patients. Methods: Forty-five cirrhotic patients were enrolled in this study. ***Bacterial*** overgrowth was evaluated by breath hydrogen test (BH2T). The hepatic reticuloendothelial system phagocytic index (HRESPI) was measured by intravenously injected colloid suspensions. Results: The Child-Pugh scores in the SBP group were higher than in the non-SBP group (10.5 +- 2.0 versus 8.0 +- 1.8, $P < 0.01$). The ascitic protein concentration was significantly lower in the SBP group than in the non-SBP group (897 +- 425 mg/l versus 1325 +- 453 mg/l, $P < 0.01$). Furthermore, the serum C3 concentration was lower in the SBP group than in the non-SBP group (43.1 +- 13.6 ng/dl versus 73.2 +- 26.4 ng/dl, $P < 0.01$). The serum C4 concentration was also lower in the SBP group than in the non-SBP group (12.4 +- 4.0 ng/dl versus 16.9 +- 6.6 ng/dl, $P < 0.05$). The incidence of ***SIBO*** was higher in the SBP group than in the non-SBP group (68.2% versus 17.4%, $P < 0.01$). HRESPI values were significantly higher in the two groups of cirrhotic patients than in the normal reference. However, there were no statistical differences in HRESPI between the two groups

(8.4 +- 2.8 min in the SBP group versus 7.9 +- 2.8 min in the non-SBP group). Conclusions: The results of this study showed that the hepatic reticuloendothelial function is impaired in cirrhotic patients, but the degree of impairment does not differ between patients with and without previous history of SBP. Lower ascitic total protein, lower serum C3 and C4 concentrations, and presence of ***SIBO*** are all risk factors for SBP. Based on the results of our study, defects in the host defense mechanisms and the enhancement of the offensive factor (***SIBO***) may act in concert for the development of SBP.

L9 ANSWER 8 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:169431 BIOSIS
DN PREV200000169431
TI Cytokine mRNA expression in mucosal biopsies from German shepherd dogs with small intestinal enteropathies.
AU German, A. J. (1); Helps, C. R.; Hall, E. J.; Day, M. J.
CS (1) Department of Clinical Veterinary Science, University of Bristol, Langford House, Bristol, BS40 5DU UK
SO Digestive Diseases and Sciences., (Jan., 2000) Vol. 45, No. 1, pp. 7-17.
ISSN: 0163-2116.
DT Article
LA English
SL English
AB German shepherd dogs (GSD) are predisposed to enteropathies such as inflammatory bowel disease (IBD) and small intestinal ***bacterial*** overgrowth (***SIBO***). The present study examined the role of cytokines in the immunopathogenesis of both conditions. Duodenal mucosal biopsies were taken from GSDs with small intestinal enteropathies (group 1; N = 16) or control dogs (group 2, N = 12). IL-2, IL-4, IL-5, IL-10, IL-12p40, IFN-gamma, TNF-alpha, and TGF-beta1 mRNA expression was determined by semiquantitative reverse transcriptase polymerase chain reaction. IL-2, IL-5, IL-12p40, TNF-alpha, and TGF-beta1 mRNA expression in group 1 dogs was significantly greater than in group 2 dogs (all $P < 0.01$), but there were no significant differences between dogs with IBD or ***SIBO*** . Further, antibiotic treatment in five dogs with ***SIBO*** , resulted in reduced TNF-alpha and TGF-beta1 mRNA expression ($P < 0.05$). Such alterations in cytokine mRNA expression suggest heightened immune responses within the duodenal mucosa in GSDs with either ***SIBO*** or IBD.

L9 ANSWER 9 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2000:157105 BIOSIS
DN PREV200000157105
TI Serum unconjugated bile acids as a test for intestinal ***bacterial*** overgrowth in dogs.
AU Melgarejo, Tonatiuh (1); Williams, David A.; O'Connell, Nancy C.; Setchell, Kenneth D. R.
CS (1) Veterinary Hospital, University of Pennsylvania, 3850 Spruce Street, Philadelphia, PA, 19104-6010 USA
SO Digestive Diseases and Sciences., (Feb., 2000) Vol. 45, No. 2, pp. 407-414.
ISSN: 0163-2116.
DT Article
LA English
SL English

AB Small intestinal ***bacterial*** overgrowth (***SIBO***) has a high incidence in dogs and, as in humans, is difficult to diagnose. The aim of this study was to determine the diagnostic significance of serum unconjugated bile acid concentrations in dogs with ***bacterial*** overgrowth. Fasting sera were obtained from 23 dogs: 10 with culture-proven ***SIBO*** , 8 with indirectly diagnosed ***SIBO*** (normal pancreatic function but small intestinal disease associated with subnormal serum cobalamin and supranormal folate concentrations), and 5 healthy controls. Unconjugated bile acids were determined using gas chromatography-mass spectrometry after isolation by liquid-solid extraction and anion-exchange chromatography. Mean serum unconjugated bile acid concentrations were significantly elevated in dogs with ***SIBO*** (mean +- SD: 0.91 +- 1.03 mumol/liter), and in dogs with indirectly diagnosed ***SIBO*** (2.11 +- 2.20 mumol/liter) compared to clinically healthy dogs (0.015 +- 0.015 mumol/liter, $P < 0.005$). Cholic acid was the predominant unconjugated bile acid in the serum of dogs with ***SIBO*** . In conclusion serum unconjugated bile acid concentrations of healthy dogs are significantly lower than reported values for humans, and this fraction represents a relatively small proportion (0-2.3%; mean 0.8%) of the total bile acids in dogs. Unconjugated bile acids increased 10- to 20-fold in dogs with ***SIBO*** indicating the clinical utility of serum unconjugated bile acids for diagnosis of intestinal ***bacterial*** overgrowth in dogs.

L9 ANSWER 10 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1999:253354 BIOSIS
DN PREV199900253354
TI Assessment of gastric emptying: Comparison of solid scintigraphic emptying and emptying of radiopaque markers in patients and healthy subjects.
AU Stotzer, Per-Ove (1); Fjalling, Martha; Gretarsdottir, Jakobina; Abrahamsson, Hasse
CS (1) Department of Internal Medicine, Sahlgrenska University Hospital, S-413 45, Goteborg Sweden
SO Digestive Diseases and Sciences, (April, 1999) Vol. 44, No. 4, pp. 729-734.
ISSN: 0163-2116.
DT Article
LA English
SL English
AB The gold standard for measuring gastric emptying is scintigraphy, either with digestible solids or liquids. Unfortunately, this method is expensive and of limited availability. An alternative could be to use radiopaque markers (ROMs). Our aim was to compare these two tests in healthy volunteers and in patients to see whether emptying of ROMs can substitute for scintigraphic solid emptying. We also intended to see if patients with small intestinal ***bacterial*** overgrowth (***SIBO***) had delayed gastric emptying. Twenty healthy subjects and 21 patients, 11 with ***SIBO*** and 10 with insulin-dependent diabetes mellitus (IDDM), were included. A standard meal with a (99mTc)MAA-labeled omelet and 20 ROMs was given. Scintigraphic emptying and ROM emptying were followed simultaneously. Reference values for gastric emptying of ROMs were determined in 50 healthy subjects. The scintigraphic method and the radiologic method correlated significantly in healthy subjects ($P < 0.05$), and in patients ($P < 0.001$), when comparing half-emptying time for both methods. Scintigraphic half-emptying time correlated significantly with

emptying of ROMs after 6 hr. Six of 11 patients with ***SIBO*** ($P < 0.02$) and 7/10 patients with IDDM ($P < 0.02$) had delayed scintigraphic emptying of solids using the 95th percentile in the controls as the upper reference value. Gastric emptying of ROMs was, similar to solid scintigraphic gastric emptying, slower in women than in men. In conclusion, scintigraphic emptying of solids and emptying of ROMs are closely correlated. The radiologic method can be used as a simpler and more readily available method. Women have slower gastric emptying of ROMs than men, which necessitates separate reference values. A high proportion of patients with symptomatic IDDM and with ***SIBO*** have delayed gastric emptying.

L9 ANSWER 11 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1998:476235 BIOSIS
DN PREV199800476235
TI Small-intestinal ***bacterial*** overgrowth in patients with liver cirrhosis, diagnosed with glucose H2 or CH4 breath tests.
AU Yang, C.-Y.; Chang, C.-S.; Chen, G.-H. (1)
CS (1) Div. Gastroenterol., Dep. Internal Med., Taichung Veterans Gen. Hosp., No. 160 Sec. 3 Chung-Kung Rd., Taichung 40705 Taiwan
SO Scandinavian Journal of Gastroenterology, (Aug., 1998) Vol. 33, No. 8, pp. 867-871.
ISSN: 0036-5521.
DT Article
LA English
AB Background: Small-intestinal ***bacterial*** overgrowth (***SIBO***) has been considered a predisposing factor of spontaneous ***bacterial*** peritonitis in cirrhotic patients by ***bacterial*** translocation or hematogenous spread during spontaneous ***bacteremia*** . We investigated 45 cirrhotic patients and 28 healthy subjects to assess the prevalence of ***SIBO*** and its relationship with the severity of liver dysfunction and the presence of ascites. Methods: ***Bacterial*** overgrowth was measured by the glucose hydrogen and methane breath test. Results: ***SIBO*** was documented in 16 (35.6%) of the 45 cirrhotic patients and in 1 (3.6%) of the 28 healthy controls. The prevalence of ***SIBO*** was significantly higher in patients with Child-Pugh class B or C (50%) than in those with class A (19%) and had no relationship with the presence or absence of ascites. Conclusions: We conclude that the prevalence of ***SIBO*** in cirrhotic patients is approximately 35.6% and that it is related to the severity of liver disease. There was no difference among various causes of cirrhosis, such as viral, alcoholic, or idiopathic.

L9 ANSWER 12 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1997:412378 BIOSIS
DN PREV199799704421
TI Luminal antigliadin antibodies in small intestinal ***bacterial*** overgrowth.
AU Riordan, Stephen M.; McIver, Christopher J. (1); Wakefield, Denis; Duncombe, Vic M.; Bolin, Terry D.; Thomas, Mervyn C.
CS (1) Microbiol. Dep., Prince of Wales Hosp., High St., Randwick, 2031 NSW Australia
SO American Journal of Gastroenterology, (1997) Vol. 92, No. 8, pp. 1335-1338.
ISSN: 0002-9270.

DT Article
LA English
AB Objective: Elevated antigliadin antibody levels in small intestinal luminal secretions of subjects with normal or only mildly abnormal small intestinal histology are considered indicative of "latent" or "potential" celiac disease. The purpose of this study was to determine whether small intestinal ***bacterial*** overgrowth (***SIBO***) might provide an alternative explanation for positive luminal antigliadin antibodies in such subjects. Methods: Twenty-six adult subjects without predisposition to disturbed mucosal immunity were investigated with culture of small intestinal luminal secretions. Luminal total IgA and IgA-antigliadin antibody concentrations were measured by radial immunodiffusion and indirect enzyme immunoassay, respectively. Local mucosal counts of IgA-plasma cells were determined by immunohistochemistry. Small intestinal histology and intraepithelial lymphocyte counts were assessed by light microscopy. Corresponding serum antigliadin antibody concentrations were determined. Results: ***SIBO*** was present in 17/26 (65.4%) subjects. No subject with ***SIBO*** had villous atrophy. Luminal total IgA concentrations (p lt 0.0005), mucosal IgA-plasma cell counts (p lt 0.01), and intraepithelial lymphocyte counts (p lt 0.01) were significantly increased in subjects with ***SIBO*** . Luminal IgAantigliadin antibodies were detected in 6/17 (35.3 %) subjects with ***SIBO*** and 0/9 (0%) subjects without ***SIBO*** . Luminal IgA-antigliadin antibody concentrations correlated significantly with luminal total IgA levels (p lt 0.01) but not with serum values (p lt 0.1). Serum IgG-antigliadin antibody concentrations were elevated in 2/6 (33.3%) subjects with ***SIBO*** and positive luminal antigliadin antibodies. Conclusions: ***SIBO*** may be an alternative explanation to "latent" or "potential" celiac disease for positive luminal antigliadin antibodies in subjects with either normal or only mildly abnormal small intestinal histology, even when serum antigliadin antibody concentrations are elevated. Positive luminal antigliadin antibodies in ***SIBO*** probably occur as epiphenomena in the context of a graded mucosal immune response to local ***bacterial*** antigens.

L9 ANSWER 13 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1997:342414 BIOSIS
DN PREV199799641617
TI Luminal ***bacteria*** and small-intestinal permeability.
AU Riordan, S. M.; McIver, C. J. (1); Thomas, D. H.; Duncombe, V. M.; Bolin, T. D.; Thomas, M. C.
CS (1) Dep. Microbiol., Prince of Wales Hosp., High and Avoca Sts., Randwick, NSW 2031 Australia
SO Scandinavian Journal of Gastroenterology, (1997) Vol. 32, No. 6, pp. 556-563.
ISSN: 0036-5521.
DT Article
LA English
AB Background: The influence of luminal ***bacteria*** on small-intestinal permeability has not been fully assessed. This study addressed this issue. Methods: Thirty-four subjects (mean age 64 years; range 22-95 years) were investigated for possible small-intestinal ***bacterial*** overgrowth (***SIBO***) with culture of a small-intestinal aspirate. A lactulose/mannitol small-intestinal permeability test was performed, small-intestinal histology assessed and

serum vitamin B-12 concentrations measured in all subjects. Permeability was also assessed in a control group of 34 asymptomatic volunteers. Results: Urinary lactulose/mannitol ratios were significantly increased in subjects with ***SIBO*** with colonic-type flora (P lt 0.0005), even in the absence of villous atrophy. Urinary lactulose/mannitol ratios were increased in this group due to significantly increased urinary lactulose concentrations (P lt 0.0005) rather than reduced urinary mannitol levels, after correcting for inter-subject variations in renal function. Counts of intraepithelial lymphocytes of CD8 phenotype were significantly increased in this group (P = 0.003). Although a significant correlation was found between intraepithelial lymphocyte counts and small-intestinal permeability overall (P lt 0.002), these counts were not significantly different in subjects with ***SIBO*** with colonic-type flora whose permeability values were ltoreq or gt 0.028, the upper limit of normal in asymptomatic controls. Serum vitamin B-12 concentrations did not differ significantly between groups (P gt 0.5). Ageing did not independently influence small-intestinal permeability (P gt 0.5). Conclusions: Small-intestinal permeability is increased in subjects with ***SIBO*** with colonic-type ***bacteria*** . This effect is independent of ageing and not mediated by vitamin B-12 deficiency. Although counts of intraepithelial lymphocytes of CD8 phenotype are increased in this disorder, it is also unlikely that these cells play an important causative role in this process. Routine light microscopic assessment underestimates the prevalence of small-intestinal functional disturbance in this disorder.

L9 ANSWER 14 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1996:562303 BIOSIS
DN PREV199799291659
TI Intestinal permeability and function in dogs with small intestinal ***bacterial*** overgrowth.
AU Rutgers, H. C.; Batt, R. M.; Proud, F. J.; Sorensen, S. H.; Elwood, C. M.; Petrie, G. G.; Matthewman, L. A.; Forster-Van Hijfte, M. A.; Boswood, A.; Entwistle, M.; Fensome, R. H.
CS Dep. Small Animal Med. and Surgery, Royal Veterinary Coll., Hawshead Lane, North Mymms, Hertfordshire AL9 7TA UK
SO Journal of Small Animal Practice, (1996) Vol. 37, No. 9, pp. 428-434. ISSN: 0022-4510.
DT Article
LA English
AB Small intestinal ***bacterial*** overgrowth (***SIBO***) has been reported to occur commonly in dogs with signs of chronic intestinal disease. There are usually few intestinal histological changes, and it is uncertain to what extent ***bacteria*** cause mucosal damage. The aim of this study was to apply a differential sugar absorption test for intestinal permeability and function to the objective assessment of intestinal damage in dogs with ***SIBO*** . Studies were performed on 63 dogs with signs of chronic small and, or, large bowel disease, in which ***SIBO*** (greater than 10-5 total or greater than 10-14 anaerobic colony forming units/ml) was diagnosed by quantitative culture of duodenal juice obtained endoscopically. None of the dogs had evidence of intestinal pathogens, parasites, systemic disease or pancreatic insufficiency. Differential sugar absorption was performed by determining the ratios of urinary recoveries of lactulose/rhamnose (L/R ratio, which reflects permeability) and D-xylose/3-O-methylglucose (X/G ratio, which reflects

intestinal absorptive function) following oral administration. Dogs with ***SIBO*** comprised 28 different breeds, including 18 German shepherd dogs. ***SIBO*** was aerobic in 18/63 dogs (29 per cent), and anaerobic in 45/63 (71 per cent). Histological examination of duodenal biopsies showed no abnormalities in 75 per cent, and mild to moderate lymphocytic infiltrates in 25 per cent of the dogs. The L/R ratio was increased (greater than 0.12) in 52 per cent, and the X/G ratio reduced (less than 0.60) in 33 per cent of the dogs. Differential sugar absorption was repeated in 11 dogs after their four weeks of oral antibiotic therapy. The L/R ratio declined in all 11 dogs (mean +- SD pre: 0.24 +- 0.14; post: 0.16 +- 0.11; P lt 0.05), but changes in the X/G ratio were more variable. These findings show that ***SIBO*** is commonly associated with mucosal damage, not detected on histological examination of intestinal biopsies, and that changes in intestinal permeability following oral antibiotics may be used to monitor response to treatment.

L9 ANSWER 15 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1996:510399 BIOSIS
DN PREV199699232755
TI Interdigestive and postprandial motility in small-intestinal ***bacterial*** overgrowth.
AU Stotzer, P.-O. (1); Bjornsson, E. S.; Abrahamsson, H.
CS (1) Dep. Internal Med., Sahlgrenska Univ. Hosp., S-413 45 Goteborg Sweden
SO Scandinavian Journal of Gastroenterology, (1996) Vol. 31, No. 9, pp. 875-880.
ISSN: 0036-5521.
DT Article
LA English
AB Background: Motility disorders are believed to be of major pathogenetic importance in small-intestinal ***bacterial*** overgrowth (***SIBO***). The aim of this study was to investigate interdigestive and postprandial motility in a group of patients with ***SIBO*** and to compare the results with those of healthy volunteers. Methods: Twenty healthy subjects and 14 patients with ***SIBO*** were included. Exclusion criteria were obvious predisposing conditions. Antroduodenojejunal pressure recording was performed after an overnight fast. After a 5-h interdigestive recording a standard meal was given, and postprandial recording performed for 30 min. Results: Significantly fewer patients than healthy subjects had phase-III activity in the antrum (3 of 14 versus 15 of 20; P lt 0.01), and more patients lacked phase III completely (5 of 14 versus 0 of 20; P lt 0.05). Propagated single contractions in the proximal duodenum during late phase 11 and postprandially were also significantly reduced (1 (0-5) versus 8 (5-12) per 30 min (median; interquartile range (IQR)) (P lt 0.01) and 0.5 (IQR, 0-6.5) versus 8 (IQR, 6-13) per 30 min (P lt 0.01), respectively). In the distal part of the duodenum the patients had significantly prolonged duration of phase III (7.8; IQR, 5.6-9.2 versus 5.9; IQR, 4.2-6.6 min) (P lt 0.05) and increased motility index of phase III (6685; IQR, 4870-9999 versus 3605; IQR, 2579-5544 mm Hg x min/30 min) (P lt 0.05), late phase II (10,285; IQR, 6105-11,384 versus 6650; IQR, 4639-9102) (P lt 0.05), and postprandially (12,960; IQR, 8454-18,644 versus 7917; IQR, 6132-10,551) (P lt 0.05). Retrograde contractions predominated in the late part of phase III in the proximal duodenum in both groups. The cycle length of the MMC and the number of clustered contractions showed no difference between the two groups. Conclusions: A significant proportion of patients with

SIBO , compared with healthy subjects, lack interdigestive phase III activity, not only in the small intestine but also in the gastric antrum. They also have fewer propagated contractions in the proximal duodenum during interdigestive phase II. On the other hand, the motility index in the distal part of the duodenum was higher in patients with ***SIBO*** during phase III, late phase II, and postprandially. The results are compatible with a reduced clearing function in the stomach and proximal duodenum and/or a compensatory increase of motility in the region of the duodenojejunal flexure.

L9 ANSWER 16 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1996:107666 BIOSIS
DN PREV199698679801
TI Are hydrogen breath tests valid in the elderly.
AU MacMahon, M.; Gibbons, N.; Mullins, E.; O'Moore, R. R.; Keane, C. T.; Walsh, J. B.; Coakley, D.
CS Dep. Geriatric Med., Bristol Royal Infirmary, Marlborough St., Bristol BS2 8HW UK
SO Gerontology, (1996) Vol. 42, No. 1, pp. 40-45.
ISSN: 0304-324X.
DT Article
LA English
AB Hydrogen breath testing (HBT) is frequently used as an alternative to small bowel aspiration in the diagnosis of small intestinal ***bacterial*** overgrowth (***SIBO***). The role of the glucose HBT was assessed in 30 elderly patients. A positive HBT was recorded in 15 of 20 ***SIBO*** cases and 7 of 10 culture negatives (sensitivity 75% and specificity 30%). The correlation coefficients between hydrogen gas (H-2) rise and total ***bacterial*** count (r = 0.2 1) and H-2 rise and anaerobic count (r = 0) were not significant. Fasting H-2 levels were raised in only 4 of the 20 ***SIBO*** cases. This study indicates that the HBT is not reliable in the diagnosis of ***SIBO*** in the elderly. There was no evidence from the data that different H-2 levels or ***bacterial*** counts would significantly alter the reliability of the HBT. This work suggests that factors other than small bowel ***bacteria*** are involved in the production and expiration of H-2 in the elderly, and that these factors need to be considered in the interpretation of this breath test.

L9 ANSWER 17 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1995:109781 BIOSIS
DN PREV199598124081
TI Small intestinal ***bacterial*** overgrowth in dogs with chronic intestinal disease.
AU Rutgers, H. Carolien (1); Batt, Roger M.; Elwood, Clive M.; Lamport, Anne
CS (1) Dep. Small Med. Surgery, Royal Veterinary College, Univ. London, Hawkshead Lane, North Mymms, Hatfield, Herts AL9 7TA UK
SO Journal of the American Veterinary Medical Association, (1995) Vol. 206, No. 2, pp. 187-193.
ISSN: 0003-1488.
DT Article
LA English
AB Small intestinal ***bacterial*** overgrowth (***SIBO***) was diagnosed by quantitative ***bacterial*** culture of duodenal juice samples obtained endoscopically in 41 of 80 dogs that were admitted with

chronic diarrhea, vomiting, or weight loss. Thirteen dogs had aerobic ***bacterial*** overgrowth, most frequently comprising Escherichia coli, staphylococci, and enterococci, and 28 dogs had mixed anaerobic overgrowth, most frequently including Clostridium and ***Bacteroides*** spp. Affected dogs comprised 23 breeds, including 10 German Shepherd Dogs, and median age at diagnosis was 2 years (range, 6 months to 11 years). High serum folate and low serum cobalamin concentrations had fair specificity (79 and 87%, respectively), but low sensitivity (51 and 24%, respectively) in detecting ***SIBO*** . Histologic examination of duodenal biopsy specimens did not reveal abnormalities (26/41 dogs), or revealed mild to moderate lymphocytic (12/41) or eosinophilic (2/41) infiltrates, or lymphosarcoma (1/41). Oral antibiotic treatment was effective in 77% (23/30 dogs), but prolonged treatment (gt 4 weeks) was required to control signs and prevent recurrence in 50% (15130). Corticosteroids were used alone in a dog with eosinophilic enteritis and in combination with antibiotics in 4 dogs with marked gastrointestinal lymphocytic/plasmacytic infiltrates. This study suggested that ***SIBO*** may be observed in dogs of many breeds, without an obvious primary cause, and that, although results of indirect tests may be suggestive of ***SIBO*** , ***bacterial*** culture of duodenal juice samples remains necessary for definitive diagnosis.

L9 ANSWER 18 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1994:547315 BIOSIS
DN PREV199598006863
TI Diarrhoea and increased intestinal permeability in laboratory beagles associated with proximal small intestinal ***bacterial*** overgrowth.
AU Morris, Timothy H. (1); Sorensen, Susanne H.; Turkington, John; Batt, Roger M.
CS (1) Dep. Lab. Anim. Sci., SmithKline Beecham Pharmaceuticals, Coldharbour Road, The Pinnacles, Harlow, Essex CM19 5AD UK
SO Laboratory Animals (London), (1994) Vol. 28, No. 4, pp. 313-319. ISSN: 0023-6772.
DT Article
LA English
AB Repeated episodes of diarrhoea were seen in 4 laboratory beagles after experimental renal surgery and feeding a modified diet. Small intestinal ***bacterial*** overgrowth (***SIBO***) was suspected by exclusion of other causes and measurement of plasma folate. ***SIBO*** was confirmed by quantitative duodenal ***bacteriology*** . Beagles with ***SIBO*** can show no clinical signs, experimental stress and dietary change may have been reasons why these 4 beagles exhibited clinical signs with ***SIBO*** . Despite normal gut histology an increase in gut permeability was found using sugar absorption tests. This increased permeability had the potential to cause variations in drug absorption during experimental studies.

L9 ANSWER 19 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1994:161500 BIOSIS
DN PREV199497174500
TI Small intestinal ***bacterial*** overgrowth: An incidental finding.
AU MacMahon, Margaret (1); Lynch, M.; Mullins, E.; O'Moore, R. R.; Walsh, J. B.; Keane, C. T.; Coakley, D.
CS (1) Dep. Geriatric Med., Royal Victoria Infirm., Newcastle upon Tyne NE1 4LP UK

SO Journal of the American Geriatrics Society, (1994) Vol. 42, No. 2, pp. 146-149.
ISSN: 0002-8614.
DT Article
LA English
AB Objectives: To assess the prevalence of typical clinical features and need for treatment of small intestinal ***bacterial*** overgrowth (***SIBO***) in the elderly. Design: Random selection of patients, regardless of their nutritional status. Setting: Acute admissions ward in the Dept. of Medicine for the Elderly. Patients: Thirty elderly patients between 68 and 90 years of age. Measurements: Active clinical problems, including the presence of recent weight loss and diarrhea, were recorded. Routine blood tests, including serum vitamin B-12, red cell folate, albumin and calcium, and qualitative small bowel ***bacteriology*** results, were analyzed. The effect of age on all variables was studied. Results: Twenty of the 30 small bowel aspirates had proven ***SIBO*** , and strict anaerobes were isolated in 15. The mean blood test values did not differ significantly between culture-positive and culture-negative patients. There was no significant correlation between the total ***bacterial*** counts. Of the 20 proven ***SIBO*** cases, eight had anemia, five had hypoalbuminemia, five had diarrhea, four complained of recent weight loss, and none had B-12 deficiency. Alternative causes other than ***SIBO*** were identified for many of these abnormalities. Advancing age correlated significantly with rising counts of small bowel strict anaerobes.

L9 ANSWER 20 OF 41 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1992:281884 BIOSIS
DN BA94:6534
TI DIAGNOSIS AND MANAGEMENT OF MALABSORPTION IN DOGS.
AU BATT R M
CS DEP. SMALL ANIM. MED. SURGERY, ROYAL VET. COLL., UNIV. LONDON, NORTH MYMMS, HATFIELD, HERTFORDSHIRE AL9 7TA.
SO J SMALL ANIM PRACT, (1992) 33 (4), 161-166.
CODEN: JAPRAN. ISSN: 0022-4510.
FS BA; OLD
LA English
AB Malabsorption can result from interference with either the degradation or absorption phases in the handling of dietary constituents and represents an important cause of weight loss and diarrhoea in dogs. Effective treatment depends on identification and understanding of the underlying disease which could affect the functional capacity of the exocrine pancreas or small intestine. Exocrine pancreatic insufficiency (EPI) can be identified by a low concentration of trypsin-like immunoreactivity in serum and results in serious malabsorption due to interference with degradation of carbohydrate, protein and fat. Treatment with oral pancreatic extract complemented by a low fat, high quality protein diet, is effective in many cases. Refractory cases may need additional treatment with an oral antibiotic for small intestinal ***bacterial*** overgrowth (***SIBO***), and H2-receptor blockers to help prevent denaturation of the pancreatic extract by stomach acid. The pancreas plays a key role in the normal absorption of cobalamin (vitamin B12) in dogs and malabsorption of cobalamin in EPI may not resolve with treatment so that cobalamin may need to be given parenterally. Small intestinal disease may result in interference with the number or functioning of individual

enterocytes, in some cases accompanied by cellular infiltration of the mucosa. Diagnosis depends on indirect assessment of intestinal damage, for example by assay of serum vitamins and determination of intestinal absorption and permeability, and in selected cases followed by endoscopic examination, intestinal biopsy and culture of duodenal juice. Treatment depends on the disease and may include oral antibiotic for ***SIBO*** and immunosuppressive drugs for infiltrative disease. Dietary management is also important, for example with a restricted fat diet containing highly digestible carbohydrate and high quality protein, and when a dietary sensitivity is suspected a restriction diet of a selected protein source may be needed.

L9 ANSWER 21 OF 41 CABA COPYRIGHT 2002 CABI
AN 2000:70419 CABA
DN 20001411440
TI Guide lines on intestinal dysmicrobism (***SIBO*** : small intestinal ***bacterial*** overgrowth)
Linee guida sul dismicrobismo intestinale (***SIBO*** : small intestinal ***bacterial*** overgrowth)
AU Bayeli, P. F.; Mariottini, M.; Lisi, L.; Ferrari, P.; Tedone, F.
CS Alfa Wassermann, Via Ragazzi del'99, 40133 Bologna, Italy.
SO Minerva Gastroenterologica e Dietologica, (1999) Vol. 45, No. 4, pp. 297-308. 47 ref.
ISSN: 0026-4776
DT Journal
LA Italian
SL English

L9 ANSWER 22 OF 41 CABA COPYRIGHT 2002 CABI
AN 1999:9922 CABA
DN 982220517
TI Small intestinal ***bacterial*** overgrowth and inflammatory bowel diseases in dogs. Evaluation of the therapeutic efficacy of spiramycin-metronidazole
Proliferations ***bacteriennes*** chroniques et maladies inflammatoires chroniques de l'intestin greele du chien. Evaluation de l'efficacite therapeutique d'une association de spiramycine et de metronidazole
AU Lecoindre, P.; Chevallier, M.; Gillard, R.; Dairin, F.
CS ALGEC Association Lyonnaise de Gastroenterologie comparee, 50 rue Jeanne d'Arc F-69003 Lyon, France.
SO Revue de Medecine Veterinaire, (1998) Vol. 149, No. 8/9, pp. 843-852. 34 ref.
DT Journal
LA French
SL English
AB 11 dogs with either chronic inflammatory bowel disease (CIBD, 4 dogs), or small intestine ***bacterial*** overgrowth (***SIBO*** , 2 dogs), or both these diseases (5 dogs), were given a combination of spiramycin and metronidazole (150 000 UI of spiramycin and 25 mg of metronidazole per kg, daily for 20 days). Each dog was examined on Day zero (D0) and Day 30 (D30) (10 days after treatment). Quantitative analysis of villous areas (by image analysis) and quantitative analysis of ***bacteriological*** load from duodenal juice were performed from endoscopic biopsy samples at D0 and D30. Treatment caused a significant clinical improvement in 82% of

cases. A significant increase of the average villous area (+28% for the entire dog population) and a normalization of the aerobic ***bacteria*** . Enumeration in the duodenum was observed in association with clinical improvement. It is concluded that antibiotics such as spiramycin-metronidazole may be successfully used for treating IBD and ***SIBO*** in the dog.

L9 ANSWER 23 OF 41 CABA COPYRIGHT 2002 CABI
AN 94:49965 CABA
DN 942205416
TI Small intestinal ***bacterial*** overgrowth in seven dogs with gastrointestinal signs
AU Westermarck, E.; Siltanen, R.; Maijala, R.
CS Department of Medicine, College of Veterinary Medicine, Helsinki, Finland.
SO Acta Veterinaria Scandinavica, (1993) Vol. 34, No. 3, pp. 311-314. 10 ref.
ISSN: 0044-605X
DT Journal
LA English
AB In 7 dogs with chronic gastrointestinal signs suspected of being due to the small intestinal ***bacterial*** overgrowth (***SIBO***) syndrome (colonization of the small intestine by >105 cfu/ml or g) the clinical signs, ***bacterial*** intestinal contents, biopsy specimens of jejunum, and effects of treatment were studied. Blood samples were taken, but showed small or non-specific changes, faecal examination for parasites was negative and the biopsy specimens were normal in 6 dogs. The most prominent clinical sign was diarrhoea. The ***bacteria*** isolated from the intestinal fluid of affected and healthy (control) dogs were the same, and included Staphylococcus aureus, streptococci, coliform ***bacteria*** , Lactobacillus sp., Clostridium perfringens and unclassified gram-negative rods and gram-positive cocci. However, the total numbers of ***bacteria*** varied greatly in the 2 groups, with a mean value of 6.9 plus or minus 1.3 cfu/g in the affected dogs and 4.0 plus or minus 0.6 cfu/g in the controls. There was no correlation between the numbers of ***bacteria*** and the severity of clinical signs. A change of diet (no rice and cottage cheese) had no effect, but tylosin at 15 mg/kg daily, for one week, followed by 10 mg/kg daily, was highly effective and had no adverse effects.

L9 ANSWER 24 OF 41 CABA COPYRIGHT 2002 CABI
AN 92:91293 CABA
DN 921448119
TI Fasting breath hydrogen, small intestinal ***bacterial*** overgrowth and intestinal transit in coeliac disease
AU Nunes, D. P.; Kelly, C. P.; Nolan, N. P. M.; O'Connor, M. P.; Weir, D. G.
CS Department of Clinical Medicine, Trinity College Medical School, St James' Hospital, James' Street, Dublin 8, Irish Republic.
SO European Journal of Gastroenterology & Hepatology, (1991) Vol. 3, No. 4, pp. 313-319. 30 ref.
ISSN: 0954-691X
DT Journal
LA English
AB The glucose hydrogen breath test was used to screen for small intestine ***bacterial*** overgrowth (***SIBO***), and positive results were confirmed by quantitative small intestinal aspirate culture. 2 out of 25 untreated patients and 1 out of 30 patients on a gluten-free diet had

SIBO . ***Bacterial*** overgrowth was not associated with any apparent clinical sequelae, and antibiotic therapy was not necessary. Coeliac patients with severe histological enteropathy had higher fasting breath hydrogen (FBH2) levels (17.0 p.p.m.) than coeliac patients with near normal histology, normal individuals or disease controls with ***SIBO*** (7.2, 9.7 and 8.2 p.p.m., P = 0.002, 0.01 and 0.003, respectively). Small intestinal ***bacterial*** overgrowth did not account for this increase in FBH2 levels, as significant differences remained when coeliac patients with ***SIBO*** were excluded from the analysis. There was no correlation between FBH2 and mouth-to-caecum transit time (lactulose hydrogen breath test). These findings show that ***SIBO*** and abnormal small intestinal motility do not explain the elevation of FBH2 in coeliac disease. Breath hydrogen concentrations correlated most closely with the severity of histological enteropathy and the presence of symptomatic diarrhoea.

L9 ANSWER 25 OF 41 CAPLUS COPYRIGHT 2002 ACS
AN 2002:256747 CAPLUS
DN 136:257266
TI Methods of diagnosing and treating small intestinal ***bacterial*** overgrowth and related conditions
IN Lin, Henry C.; Pimentel, Mark
PA USA
SO U.S. Pat. Appl. Publ., 53 pp., Cont.-in-part of U. S. Ser. No. 374,142.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 2002039599	A1	20020404	US 2001-837797	20010417
CA 2220451	AA	19961121	CA 1996-2220451	19960516
US 5977175	A	19991102	US 1997-832307	19970403
US 2002094346	A1	20020718	US 1999-420046	19991018

PRAI US 1995-442843 B1 19950517
US 1997-832307 A1 19970403
US 1999-359583 B2 19990722
US 1999-374142 A2 19990811
US 1999-420046 A2 19991018
US 2000-546119 A2 20000410

AB Disclosed is a method of treating small intestinal ***bacterial*** overgrowth (***SIBO***) or a ***SIBO*** -caused condition in a human subject. ***SIBO*** -caused conditions include irritable bowel syndrome, fibromyalgia, chronic pelvic pain syndrome, chronic fatigue syndrome, depression, impaired mentation, impaired memory, halitosis, tinnitus, sugar craving, autism, attention deficit/hyperactivity disorder, drug sensitivity, an autoimmune disease, and Crohn's disease. Examples are provided showing effects of antibiotics on ***SIBO*** , demonstrating the roles of peptide YY and the serotoninergic/adrenergic/opioid pathways in ***SIBO*** , and the effects of ondansetron, propranolol, norepinephrine and naloxone on intestinal transit. The invention thus relates to slowing upper gastrointestinal transit, thereby enhancing the digestion and/or absorption of predigested nutrients. Gastrointestinal transit-slowing compns. comprise active agents such as lipids, serotonin, serotonin

agonists, serotonin re-uptake inhibitors, peptide YY, calcitonin gene-related peptide, adrenergic agonists and opioid agonists. Also disclosed are a method of screening for the abnormally likely presence of ***SIBO*** in a human subject and a method of detecting ***SIBO*** in a human subject. A method of detg. the relative severity of ***SIBO*** or a ***SIBO*** -caused condition in a human subject, in whom small intestinal ***bacterial*** overgrowth has been detected, is also disclosed.

L9 ANSWER 26 OF 41 CAPLUS COPYRIGHT 2002 ACS
AN 2001:115322 CAPLUS
DN 134:159863
TI Methods of diagnosing or treating irritable bowel syndrome and other disorders caused by small intestinal ***bacterial*** overgrowth
IN Lin, Henry C.; Pimental, Mark
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl., 43 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 5

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001011077	A2	20010215	WO 2000-US22030	20000811
WO 2001011077	A3	20010830		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
EP 1200828	A2	20020502	EP 2000-952739	20000811
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL				

PRAI US 1999-374142 A 19990811
WO 2000-US22030 W 20000811
AB Disclosed is a method of diagnosing irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, autoimmune diseases, such as multiple sclerosis and systemic lupus erythematosus, or Crohn's disease, which involves detecting the presence of small intestinal ***bacterial*** overgrowth (***SIBO***) in a human subject having at least one symptom assocd. with a suspected diagnosis of any of those diagnostic categories. Also disclosed is a method of treating these disorders, and other disorders caused by ***SIBO*** , that involves at least partially eradicating a ***SIBO*** condition in the human subject. The method includes administration of anti-microbial or probiotic agents, or normalizing intestinal motility by employing a prokinetic agent. The method improves symptoms, including hyperalgesia related to ***SIBO*** and disorders caused by ***SIBO*** . Also disclosed is a kit for the diagnosis or treatment of irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder,

autoimmune diseases, or Crohn's disease. Breath hydrogen testing was done on patients after an overnight fast and swallowing Chronulac formula contg. 10 g lactulose. Breath samples were analyzed for hydrogen content with a gas chromatograph.

L9 ANSWER 27 OF 41 CAPLUS COPYRIGHT 2002 ACS
AN 2001:112376 CAPLUS
TI Method of diagnosing irritable bowel syndrome and other disorders caused by small intestinal ***bacterial*** overgrowth by detecting the presence of anti-saccharomyces cerivisiae antibodies (asca) in human serum
IN Lin, Henry C.; Pimental, Mark
PA Cedars-Sinai Medical Center, USA
SO PCT Int. Appl.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001011334	A2	20010215	WO 2000-US22168	20000811
WO 2001011334	A3	20010712		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRAI US 1999-374143 A 19990811
AB Disclosed is a method of diagnosing small intestinal ***bacterial*** overgrowth (***SIBO***), irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder (ADHD), or an autoimmune disease by sampling serum from a human subject having a suspected diagnosis of any of these conditions and analyzing the serum for the presence of ASCA, which corroborates the suspected diagnosis. A method of determining a predisposition for developing Crohn's, in a human subject who does not present a set of symptoms characteristic of the disease and who has small intestinal ***bacterial*** overgrowth, involves sampling serum from the subject and analyzing the serum for the presence or absence of ASCA. The presence of ASCA in the serum indicates a predisposition for developing Crohn's disease. Also disclosed is a kit for diagnosing and treating small intestinal ***bacterial*** overgrowth, irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, attention deficit/hyperactivity disorder, or an autoimmune disease, such as multiple sclerosis or systemic lupus erythematosus. The kit is useful to improve symptoms, including hyperalgesia related to ***SIBO*** and disorders caused by ***SIBO*** .

L9 ANSWER 28 OF 41 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001376058 EMBASE
TI Small intestinal ***bacterial*** overgrowth: A possible association with fibromyalgia.

AU Pimentel M.; Chow E.J.; Hallegua D.; Wallace D.; Lin H.C.
CS Dr. M. Pimentel, Cedars-Sinai Medical Center, 8635 West 3rd Street, Los Angeles, CA 90048, United States. mark.pimentel@cshs.org
SO Journal of Musculoskeletal Pain, (2001) 9/3 (107-113).
Refs: 25
ISSN: 1058-2452 CODEN: JMPAEQ
CY United States
DT Journal; Article
FS 004 Microbiology
008 Neurology and Neurosurgery
037 Drug Literature Index
048 Gastroenterology
LA English
SL English
AB Objectives: Subjects with fibromyalgia [FMS] frequently have nonspecific bowel complaints similar to subjects with small intestinal ***bacterial*** overgrowth [***SIBO***]. The aim of this study was to test whether 1. ***SIBO*** is prevalent in FMS and 2. If treatment of ***SIBO*** reduces bowel symptoms. Methods: Of 815 subjects undergoing lactulose hydrogen breath testing for assessment of ***SIBO*** , 123 patients had FMS. Those with ***SIBO*** were treated with antibiotics. At the initial and follow-up visits, subjects were asked to rate their symptoms. Symptom scores before and after treatment were compared. Results: Of the 123 subjects with FMS, 96 [78%] were found to have ***SIBO*** . Returning subjects reported a 57 .+-. 29% overall improvement in symptoms with significant improvement in bloating, gas, abdominal pain, diarrhea, constipation, joint pains, and fatigue [P < 0.05]. Conclusions: 1. Small intestinal ***bacterial*** overgrowth is associated with FMS, 2. Eradication of ***SIBO*** improves intestinal symptoms in FMS.

L9 ANSWER 29 OF 41 EMBASE
AN 2001206392 EMBASE
TI [Small bowel ***bacterial*** overgrowth].
COLONISATION ***BACTERIENNE*** CHRONIQUE DE L'INTESTIN GRELE.
AU Bouhnik Y.
CS Y. Bouhnik, Hopital Lariboisiere - Saint-Lazare, 2, rue Ambroise-Pare, 75475 Paris Cedex 10, France. yoram.bouhnik@lrb.ap-hop-paris.fr
SO Revue du Praticien, (15 May 2001) 51/9 (964-968).
Refs: 19
ISSN: 0035-2640 CODEN: REPRA3
CY France
DT Journal; Article
FS 004 Microbiology
006 Internal Medicine
037 Drug Literature Index
048 Gastroenterology
LA French
SL English; French
AB The small intestinal ***bacterial*** overgrowth (***SIBO***) is defined by the presence in the proximal part of the intestine of a ***bacterial*** population and qualitatively abnormal. It is necessary to distinguish the "non-symptomatic" ***SIBO*** and the "symptomatic" ***SIBO*** responsible for a chronic diarrhoea and/or of a malabsorption

syndrome. The main factor encouraging the intervening of a ***SIBO*** is the stasis of the intestinal juice. The gold standard test to confirm the diagnosis of ***SIBO*** is the jejunal ***bacteriological*** intubation, but it is about a trying and expensive method. It is currently supplanted by the respiratory test to hydrogen after ingestion of glucose that is simple, no invasive and little expensive. The treatment usually consists on the repeated administration of antibiotics and nutritional support.

L9 ANSWER 30 OF 41 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1999049396 EMBASE
TI Liver damage in human small intestinal ***bacterial*** overgrowth.
AU Riordan S.M.; McIver C.J.; Williams R.
CS Dr. R. Williams, Institute of Hepatology, 69-75 Chenies Mews, London WC1E 6HX, United Kingdom
SO American Journal of Gastroenterology, (1998) 93/2 (234-237).
Refs: 25
ISSN: 0002-9270 CODEN: AJGAAR
PUI S 0002-9270(97)00051-8
CY United States
DT Journal; Article
FS 004 Microbiology
048 Gastroenterology
LA English
SL English
AB Objective: Some rodent strains with experimental small intestinal ***bacterial*** overgrowth (***SIBO***) unrelated to jejunoileal bypass are susceptible to hepatic damage, possibly because of increased small intestinal permeability to proinflammatory ***bacterial*** polymers. However, data on the prevalence of hepatic damage in human subjects with ***SIBO*** in this setting are lacking. This study addressed this issue. Methods: Seventy adult subjects were investigated for possible ***SIBO*** and hepatic damage with ***bacteriological*** analysis of small intestinal aspirates and measurement of serum concentrations of alkaline phosphatase, gamma-glutamyl transpeptidase, aspartate aminotransferase, and alanine aminotransferase. Nutritional indices (serum albumin and anthropometry) and the urinary lactulose/mannitol ratio, an index of small intestinal permeability, were measured in all subjects with ***SIBO*** and liver damage. Results: ***SIBO*** was present in 40 of 70 subjects (57.1%). Overgrowth flora included salivary-type ***bacteria*** alone in 11 subjects and colonic-type ***bacteria*** in 29 subjects (facultative anaerobes [Enterobacteriaceae] alone in 21 subjects and both facultative and obligate anaerobes [Enterobacteriaceae and ***Bacteroides*** spp] in eight subjects). Biochemical evidence of liver damage was found in zero of 30 subjects without ***SIBO*** , zero of 11 subjects with ***SIBO*** with salivary-type ***bacteria*** alone, zero of 21 subjects with ***SIBO*** with facultative but not obligate anaerobic colonic- type ***bacteria*** , and in one of eight subjects (12.5%) with ***SIBO*** with obligate anaerobic colonic-type ***bacteria*** , in whom serum alkaline phosphatase and gamma-glutamyl transpeptidase levels were elevated. Nutritional indices were normal in this patient. Small intestinal permeability was increased and, along with liver enzyme abnormalities, normalized after eradication of ***SIBO*** . Small intestinal permeability was also increased in three of six patients

(50.0%) with ***SIBO*** with obligate anaerobic colonic-type ***bacteria*** who had no evidence of liver damage. Conclusions: ***SIBO*** per se is not a major risk factor for liver damage in humans, even when the overgrowth flora includes obligate anaerobes. Liver damage is not a necessary consequence of increased small intestinal permeability in this setting.

L9 ANSWER 31 OF 41 MEDLINE
AN 1999219126 MEDLINE
DN 99219126 PubMed ID: 10202801
TI Small intestinal ***bacterial*** overgrowth.
AU Johnston K L
CS Ralston Purina Company, St. Louis, Missouri, USA.. kjohnston@ralston.com
SO VETERINARY CLINICS OF NORTH AMERICA. SMALL ANIMAL PRACTICE, (1999 Mar) 29 (2) 523-50, vii. Ref: 149
Journal code: 7809942. ISSN: 0195-5616.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199906
ED Entered STN: 19990614
Last Updated on STN: 19990614
Entered Medline: 19990601
AB It is clear that the exact definition of small intestinal ***bacterial*** overgrowth (***SIBO***) needs to be reappraised in veterinary medicine. Antibiotic responsive enteropathies due to ***SIBO*** must be distinguished from those that are not associated with ***SIBO*** , such as those caused by a lack of immune tolerance. Once appropriate definitions and criteria for diagnosis are in place, the wide variety of diagnostic procedures that may facilitate the diagnosis can be evaluated with respect to their sensitivity and specificity, and statements about the prevalence and significance of this disorder can be made.

L9 ANSWER 32 OF 41 MEDLINE
AN 1998212750 MEDLINE
DN 98212750 PubMed ID: 9551386
TI Intestinal permeability in canine ***SIBO***.
AU Gibson A
SO JOURNAL OF SMALL ANIMAL PRACTICE, (1998 Mar) 39 (3) 155.
Journal code: 0165053. ISSN: 0022-4510.
CY ENGLAND: United Kingdom
DT News Announcement
LA English
FS Priority Journals
EM 199805
ED Entered STN: 19980609
Last Updated on STN: 19980609
Entered Medline: 19980526

L9 ANSWER 33 OF 41 MEDLINE
AN 93276525 MEDLINE

DN 93276525 PubMed ID: 8503162
TI Exocrine pancreatic insufficiency.
AU Batt R M
CS Department of Small Animal Medicine and Surgery, Royal Veterinary College, University of London, Hertfordshire, England.
SO VETERINARY CLINICS OF NORTH AMERICA. SMALL ANIMAL PRACTICE, (1993 May) 23 (3) 595-608. Ref: 56
Journal code: 7809942. ISSN: 0195-5616.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199306
ED Entered STN: 19930716
Last Updated on STN: 19930716
Entered Medline: 19930629
AB EPI in dogs represents a well-defined condition that can now be diagnosed simply by the analysis of a single serum sample for TLI. A low TLI concentration represents a highly sensitive and specific test for EPI and may also predict the development of disease before the onset of clinical signs. A lack of pancreatic enzymes results in interference with degradation of the major dietary constituents, and there are secondary changes in the small intestine including a decreased synthesis of enterocyte proteins; ***bacterial*** overgrowth in the proximal intestine (***SIBO***); and malabsorption of vitamins, including cobalamin. Management with uncoated pancreatic extract and a low-fat, high-quality protein diet fed in small, divided meals should be effective in most cases. In animals showing a poor response, additional treatment may be necessary with long-term oral antibiotic for ***SIBO*** and H2-receptor blockers before a meal to inhibit acid secretion and minimize degradation of pancreatic extract. Diagnosis of the relatively rare cases of EPI in cats is best achieved by analysis of fecal trypsin by the use of specific substrates until a TLI test becomes readily available, and management should follow similar principles to those established for dogs. The major question for the future is the underlying cause of pancreatic acinar atrophy in dogs, particularly the relative importance of genetic and environmental factors. This information may allow detection and elimination of a genetic abnormality by selective breeding or prophylactic treatment that would prevent the development of the disease.

L9 ANSWER 34 OF 41 MEDLINE
AN 93212173 MEDLINE
DN 93212173 PubMed ID: 1844365
TI [***Bacterial*** overgrowth in small intestine in patients with liver cirrhosis].
Sobrecrecimiento ***bacteriano*** del intestino delgado en pacientes con cirrosis hepatica.
AU Chesta J; Silva M; Thompson L; del Canto E; Defilippi C
CS Centro de Gastroenterologia, Hospital Clinico, Santiago de Chile.
SO REVISTA MEDICA DE CHILE, (1991 Jun) 119 (6) 626-32.
Journal code: 0404312. ISSN: 0034-9887.
CY Chile
DT Journal; Article; (JOURNAL ARTICLE)

LA Spanish
FS Priority Journals
EM 199304
ED Entered STN: 19930514
Last Updated on STN: 19930514
Entered Medline: 19930429
AB Hepatic encephalopathy, ***bacterial*** infections and endotoxemia in cirrhotic patients have been related to colonic flora. However, an abnormal small bowel ***bacterial*** content could also be implied. We investigated small bowel ***bacterial*** overgrowth (***SIBO***) by jejunal cultures in 14 cirrhotic patients and 5 control subjects, and indirectly by the lactulose H2 breath test in 22 patients with cirrhosis and 12 controls. ***SIBO*** was demonstrated by cultures in 64% of cirrhotic patients and 1 of 5 controls. The breath test was positive for ***SIBO*** in 45% of patients with cirrhosis and 8% of controls. No differences were noted between patients with alcoholic and non-alcoholic liver disease. According to fasting H2 breath levels, ***SIBO*** was significantly correlated with the Child-Pugh score for hepatic function ($r = 0.45$; $p < 0.05$). Also, patients with positive criteria for ***SIBO*** in jejunal cultures had worse hepatic function in comparison to cirrhotics with normal jejunal ***bacterial*** counts ($p < 0.05$). Thus ***SIBO*** is frequent in patients with hepatic cirrhosis and is associated with impairment in hepatic function.

L9 ANSWER 35 OF 41 SCISEARCH COPYRIGHT 2002 ISI (R)
AN 2001:688823 SCISEARCH
GA The Genuine Article (R) Number: 441RM
TI Lactobacillus spp. strain LGG does not prevent small intestinal ***bacterial*** overgrowth (***SIBO***) and ***bacterial*** translocation (BT) in experimental cirrhosis
AU Bauer T (Reprint); Fernandez J; Navasa M; Vila J; Rodes J
CS Hosp Clin Barcelona, Microbiol Serv, Barcelona, Spain
CYA Spain
SO JOURNAL OF HEPATOLOGY, (APR 2001) Vol. 34, Supp. [1], pp. 74-74.
Publisher: ELSEVIER SCIENCE BV, PO BOX 211, 1000 AE AMSTERDAM, NETHERLANDS.
ISSN: 0168-8278.
DT Conference; Journal
LA English
REC Reference Count: 0

L9 ANSWER 36 OF 41 SCISEARCH COPYRIGHT 2002 ISI (R)
AN 2001:354097 SCISEARCH
GA The Genuine Article (R) Number: 424MN
TI Pancreatic acinar atrophy in german shepherds
AU Rutz G M (Reprint); Steiner J M; Williams D A
CS Texas A&M Univ, Coll Vet Med, Dept Small Anim Med & Surg, College Stn, TX 77843 USA (Reprint)
CYA USA
SO COMPENDIUM ON CONTINUING EDUCATION FOR THE PRACTICING VETERINARIAN, (APR 2001) Vol. 23, No. 4, pp. 347-+.
Publisher: VETERINARY LEARNING SYSTEMS, 425 PHILLIPS BLVD #100, TRENTON, NJ 08618 USA.
ISSN: 0193-1903.
DT Article; Journal

LA English
REC Reference Count: 63
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Pancreatic acinar atrophy (PAA) occurs most commonly in German shepherds and has been shown to be hereditary in this breed. In this disease, pancreatic acinar cells undergo atrophy probably subsequent to immune-mediated inflammation, while islet cells are spared. The exocrine pancreas has a large secretory reserve and only when pancreatic function is decreased to less than approximately 10% do affected dogs develop signs of exocrine pancreatic insufficiency (EPI). EPI causes nutrient malabsorption, particularly of fat and fat-soluble vitamins. In most affected dogs, enzyme deficiency is complicated by concurrent small intestinal ***bacterial*** overgrowth (***SIBO***), which probably contributes to cobalamin malabsorption that often leads to subnormal serum concentrations of this vitamin. Signs most commonly observed in dogs with PAA are weight loss: polyphagia, soft feces, poor haircoat, borborygmus, and flatulence. Vomiting and anorexia are less common signs. clinical signs usually resolve completely in response to pancreatic enzyme supplementation although fat absorption does not normalize completely. Fat-soluble vitamins and cobalamin should be supplemented as required. In cases with concurrent ***SIBO*** that do not respond to therapy with replacement enzymes alone, antibiotic therapy for concurrent ***SIBO*** may be useful, as may be feeding of a highly digestible diet that is low in fiber.

L9 ANSWER 37 OF 41 SCISEARCH COPYRIGHT 2002 ISI (R)
AN 2000:451797 SCISEARCH
GA The Genuine Article (R) Number: 323LN
TI Exocrine pancreatic insufficiency in the dog
AU Rutz G M (Reprint); Steiner J M; Hirschberger J
CS TEXAS A&M UNIV, COLL VET MED, DEPT SMALL ANIM MED & SURG, GASTROINTESTINAL LAB, COLLEGE STN, TX 77843 (Reprint); UNIV MUNICH, MED TIERKLIN 1, D-80539 MUNICH, GERMANY
CYA USA; GERMANY
SO TIERARZTLICHE PRAXIS AUSGABE KLEINTIERE HEIMTIERE, (MAY 2000) Vol. 28, No. 3, pp. 138-144.
Publisher: F K SCHATTAUER VERLAG GMBH, P O BOX 10 45 43, LENZHALDE 3, D-70040 STUTTGART, GERMANY.
ISSN: 1434-1239.
DT Article; Journal
LA German
REC Reference Count: 34
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB The most common cause of exocrine pancreatic insufficiency (EPI) in the dog is pancreatic acinar atrophy. There are other underlying causes such as chronic pancreatitis and pancreatic neoplasia, that may result in EPI. Exocrine pancreatic insufficiency is the most common cause of maldigestion in the dog. The reduced amount of enzymes in the pancreatic juice and the lack of other important pancreatic secretory products lead to malabsorption of nutrients, such as cobalamin. In many dogs concurrent small intestinal ***bacterial*** overgrowth (***SIBO***) is present. The most reliable test to diagnose EPI is serum trypsin-like immunoreactivity (cTLI). Measurement of serum cobalamin and serum folate allows evaluation for concurrent small intestinal disease. EPI in the dog can be treated with commercially available preparations of pancreatic

enzymes, along with the supplementation of fat-soluble vitamins and cobalamin. Despite enzyme replacement, fat digestion does not return to normal because of the sensitivity of lipase in enzyme preparations to gastric acid. However, most dogs can be managed successfully by this therapy and do well on a commercial maintenance diet. In some cases the use of antibiotics is necessary to treat concurrent ***SIBO*** .

L9 ANSWER 38 OF 41 SCISEARCH COPYRIGHT 2002 ISI (R)
AN 1999:634751 SCISEARCH
GA The Genuine Article (R) Number: 225TH
TI Clinical biochemistry in dog and cat malabsorption syndrome.
AU Gamet Y (Reprint)
CS CROS MURE, F-84100 UCHAUX, FRANCE (Reprint)
CYA FRANCE
SO REVUE DE MEDECINE VETERINAIRE, (JUL 1999) Vol. 150, No. 7, pp. 635-644.
Publisher: ECOLE NATIONAL VET TOULOUSE, 23 CHEMIN DES CAPELLES, 31076 TOULOUSE, FRANCE.
ISSN: 0035-1555.
DT Article; Journal
FS AGRI
LA French
REC Reference Count: 43
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Various diseases, e.g. exocrine pancreas insufficiency (PEI), digestive mucosal diseases and small intestine ***bacterial*** overgrowth (***SIBO***), can cause a maldigestion-malabsorption syndrome (MSS). These can usually not be differentiated by clinical examination nor by routine chemistry, except for protein-losing enteropathy. The measurement of TLI (Trypsinlike immunoreactivity) allows a definitive diagnosis of PEI and now prevails on all qualitative and semi-quantitative indirect tests of pancreas function. Folates and vitamin B12 can be measured simultaneously for the diagnosis of ***SIBO*** or of mucosal disease. However they are not as efficient as TLI and results are at best evocative of a specific disorder. Other diagnostic procedures have been developed, namely breath hydrogen and absorption/permeability tests. They have not yet replaced histopathologic examination, which remains necessary for the diagnosis of mucosal diseases, the main cause of primary MSS.

L9 ANSWER 39 OF 41 SCISEARCH COPYRIGHT 2002 ISI (R)
AN 97:549819 SCISEARCH
GA The Genuine Article (R) Number: XK761
TI Exudative gastroenteropathy or protein - Losing gastroenteropathy in dogs
AU Lecoindre P (Reprint); Chevalier M; Brevet F
CS ALGEC, 50 RUE JEANNE DARC, F-69003 LYON, FRANCE (Reprint); INST PASTEUR, F-69007 LYON, FRANCE; CLIN VET CERISIOZ, F-69800 ST PRIEST, FRANCE
CYA FRANCE
SO PRATIQUE MEDICALE ET CHIRURGICALE DE L ANIMAL DE COMPAGNIE, (MAY-JUN 1997) Vol. 32, No. 3, pp. 215-221.
Publisher: CNVSPA-CONF NATL VETERINAIRES SPECIALISES PETITS ANIMAUX, 40 RUE DE BERRI, 75008 PARIS, FRANCE.
ISSN: 0758-1882.
DT Article; Journal
LA French
REC Reference Count: 28
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB Exudative enteropathy or protein - losing gastroenteropathy is to be suspected when panhypoproteinemia is observed, with or without oedemas or effusion, which a renal or hepatic etiology cannot explain. There is a wide variety of possible etiological explanations for exudative gastroenteropathy. The most frequent cause in dogs is lymphatic leakage (congenital or acquired lymphangiectasia) and less often the cause may be vascular or interstitial (CIBD (Chronic inflammatory bowel disease), ***SIBO*** (Small intestinal ***bacterial*** overgrowth) food - induced enteropathy and ulcerative enterocolitis). Within the context of exudative enteropathy, or more winery speaking exudative gastroenteropathy, since the stomach may be involved in the exudative process, a definitive diagnosis is most often established by endoscopic examination and biopsies of the mucosa in the digestive tr act. The treatment, which is a combination of dietary management and medication, depends upon the gastric or intestinal disorder responsible for the protein loss. Medium - chain triglycerides are used especially in cases of protein loss with a lymphatic origin.

L9 ANSWER 40 OF 41 SCISEARCH COPYRIGHT 2002 ISI (R)
AN 91:159450 SCISEARCH
GA The Genuine Article (R) Number: FC090
TI SMALL INTESTINAL INFECTIONS
AU JACYNA M R (Reprint)
CS NORTHWICK PK HOSP & CLIN RES CTR, WATFORD RD, HARROW HA1 3UJ, MIDDX, ENGLAND (Reprint)
CYA ENGLAND
SO CURRENT OPINION IN GASTROENTEROLOGY, (1991) Vol. 7, No. 1, pp. 75-79.
DT Article; Journal
FS CLIN
LA ENGLISH
REC No References Keyed
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB This year's literature on small intestinal infections places less emphasis on salmonella infections and more on parasitic infections. Several good papers also appeared on the diagnosis of small intestinal ***bacterial*** overgrowth (***SIBO***). Infections caused by Vibrio species are highlighted. The usefulness of electron microscopy in diagnosing microsporidial infection and in distinguishing Whipple's disease from other causes of granulomatous disorders is reviewed.

L9 ANSWER 41 OF 41 SCISEARCH COPYRIGHT 2002 ISI (R)
AN 87:596241 SCISEARCH
GA The Genuine Article (R) Number: K4494
TI COMPARATIVE VALUE OF TESTS FOR SMALL INTESTINAL ***BACTERIAL*** OVERGROWTH (***SIBO***)
AU LOFT D E (Reprint); RILEY S A; MARSH M N
CS UNIV MANCHESTER, HOPE HOSP, SCH MED, DEPT MED, MANCHESTER M13 9PL, LANCS, ENGLAND
CYA ENGLAND
SO GUT, (1987) Vol. 28, No. 10, pp. A1351.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References